

**DALHOUSIE UNIVERSITY SCHOOL OF NURSING  
Master of Nursing Program**

**Thesis Supervisory Committee Approval Form**

Directions:

Parts 1 through 3 must be completed by the graduate student prior to obtaining signatures for part 4. A signature on part 4 implies agreement with the selected research approach and the topic selected for study. It further implies agreement to serve on the supervisory committee in the capacity indicated.

1. Student Name: \_\_\_\_\_

2. Topic Selected: \_\_\_\_\_

3. Approach (basic description of design): \_\_\_\_\_

4. Thesis Committee Composition:

			<u>FGS Adjunct/External Scholar Approval</u>
Thesis Supervisor	Print _____	Signature _____	
	Department _____	Date _____	
Thesis Co-Supervisor	Print _____	Signature _____	
	Department _____	Date _____	Date _____
Reader	Print _____	Signature _____	
	Department _____	Date _____	Date _____
Reader	Print _____	Signature _____	
	Department _____	Date _____	Date _____
Reader	Print _____	Signature _____	
	Department _____	Date _____	Date _____

Selected research approach, topic and composition of the thesis committee approved on behalf of the School of Nursing:

\_\_\_\_\_

c: Thesis committee  
Student (original to student file)

\_\_\_\_\_ Associate Director Graduate Studies