

**DALHOUSIE UNIVERSITY SCHOOL OF NURSING
PhD (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 Programs