

Graduate Program Approval Form MScN Program– Project Option

Student Name: _____ Student ID: _____

Admit Date: _____ Status: Full-time

Supervisor's Name: _____ Part-time

Co-Supervisor's Name: _____

Required Courses - A minimum of 33 credit hours is required.

- NURS 604-3 - The Healing and Well-being of Indigenous Peoples
- NURS 606-3 - Developing Nursing Knowledge
- NURS 607-3 - Appraising and Synthesizing Evidence to for Practice
- NURS 618-3 - Research Approaches for Nursing and Health
- NURS 703-3 - Health Program Planning, Community Development and Evaluation or NURS 705-3 Mobilizing Knowledge in Health and Health Care
- NURS 704-3 - Leadership in Health Care and Practice
- NURS 797-6 - MScN Project

Please specify the student's electives:

(At least 9 credit hours of graduate level study at or above the 600 level.)

Any Additional Courses Required by the Program:

Student

_____ *Print Name* _____ *Signature* _____ *Date*

Supervisor

_____ *Print Name* _____ *Signature* _____ *Date*

Co-Supervisor

_____ *Print Name* _____ *Signature* _____ *Date*

Program Chair

_____ *Print Name* _____ *Signature* _____ *Date*

OGP USE ONLY Dean's review required? No Yes - date submitted for review: _____ Initials: _____

DEAN'S DECISION Approved Additional information required Denied

Print Name: _____ **Signature:** _____ **Date:** _____