

**Graduate Program Approval Form  
MScN Program– Thesis 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 704-3 - Leadership in Health Care and Practice
- NURS 799-12 - Thesis

**Advanced Nursing Practice Courses:**

- NURS 619-3 - Qualitative Research in Nursing and Health  
or
- NURS 620-3 - Quantitative Research in Nursing and Health

**Please specify the student's electives:**

*(At least 3 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*    Initials: \_\_\_\_\_ *Signature*      \_\_\_\_\_ *Date*

**Co-Supervisor**

\_\_\_\_\_ *Print Name*

**Program Chair**

\_\_\_\_\_ *Print Name*

**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: \_\_\_\_\_