**Faculty of Nursing**

**MASTER OF NURSING**

**APPOINTMENT OF SUPERVISORY COMMITTEE**

Complete and forward the following information to the Graduate Services Office.

MN STUDENT

NAME:

THESIS COMMITTEE

|  |  |  |
| --- | --- | --- |
|  | Name | Department |
| Supervisor:  |   |   |
| Member: |   |   |
| Member: |   |   |

Date       Signature

 Associate Dean, Graduate Studies

 Faculty of Nursing