**Faculty of Nursing**

**MASTER OF NURSING
APPOINTMENT OF SUPERVISORY COMMITTEE**

**Complete this form and submit it to the Nursing Graduate Office**

| **MN STUDENT** |  |
| --- | --- |
| **Name:** |  |  |
|  |  |  |
| **THESIS COMMITTEE** |  |
|  | **Name** | **Department** |
| **Supervisor:**  |  |  |
| **Member:**  |  |  |
| **Member** |  |  |

| **Date:** |  | **Signature:** |  |
| --- | --- | --- | --- |
|  |  |  | **Associate Dean, Graduate StudiesFaculty of Nursing** |

If you have not done so already, please also submit the Appointment of Supervisor form: [*https://www.ualberta.ca/en/graduate-studies/media-library/forms-cabinet/records/supervisory-committees/20200406appointmentofsupervisorsupervisorycommittee.pdf*](https://www.ualberta.ca/en/graduate-studies/media-library/forms-cabinet/records/supervisory-committees/20200406appointmentofsupervisorsupervisorycommittee.pdf)