



University of British Columbia Okanagan  
School of Nursing

# Major Paper Approval Form

## SECTION 1

The undersigned certify that they have read the following Major Paper and recommend it to the School of Nursing for acceptance:

**Major Paper Title:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Submitted by:** \_\_\_\_\_ **Student number:** \_\_\_\_\_  
Name of Student

**in partial fulfillment of the requirements for the degree of:**

**Master of Science Nursing**

Name of Supervisor	Signature of Supervisor	Date (yyyy/mm/dd)
_____	_____	_____
Name of Committee Member	Signature of Committee Member	Date (yyyy/mm/dd)
_____	_____	_____
Name of Committee Member	Signature of Committee Member	Date (yyyy/mm/dd)
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Name of Committee Member	Signature of Committee Member	Date (yyyy/mm/dd)
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Name of Committee Member	Signature of Committee Member	Date (yyyy/mm/dd)
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