



University of British Columbia Okanagan
School of Nursing

Major Paper/Thesis Proposal Approval Form

The undersigned certify that they have read the following major paper/thesis proposal and have accepted it.

Major Paper/Thesis 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)
_____	_____	_____
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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