



**Master of Nursing
Capstone Project Proposal Approval**

Part A | To Be Completed by the Advisory Committee

Name (LAST, First) _____ Student Number _____

Major Department _____

This will certify that the above-named student has successfully completed the Capstone Project proposal and that the undersigned give their approval for the candidate to proceed with the project without reservation or with the attached reservation(s).

Title

Committee of Advisors

Signature

Primary Advisor

Secondary Advisor

Date _____
MM/DD/YYYY

Part B | To Be Completed by the Department Head

The Capstone Project proposal of the above-named student has been approved without reservation or with the attached reservation(s). Please note: Where appropriate, the student should obtain approval for the proposal from the appropriate Ethics Review Committee.

Department Head: _____

Signature: _____

Date: _____

MM/DD/YYYY