



**Master of Nursing Program  
Faculty of Health Sciences  
University of Lethbridge**

## **Thesis/Project Declaration**

**This form can be completed by saving it to your desktop, filling it in using Adobe Acrobat Reader, and then saving it again. You can email or print the completed form to submit it.**

Please check the appropriate box that accurately reflects your program route. Return the completed form to [masternursing@uleth.ca](mailto:masternursing@uleth.ca) by **November 1** in the semester in which you take Nursing 5110.

I am selecting the ***thesis*** route (Nursing 5160 and Nursing 6001)

*or*

I am selecting the ***project*** route (Nursing 5150 and Nursing 6002)

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Name	Signature	Date
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