



University of Lethbridge ID
Number

Today's Date (DD/MMM/YYYY)									

UNIVERSITY OF LETHBRIDGE
Project Completion Signature Form
Master of Nursing

To be completed by the Project Course Lead/Professor of Record for Nursing 6002 and returned to the School of Graduate Studies following assessment of the Final Project Paper.

Student information

Surname: _____ Given Name(s): _____

Master of Nursing

Term of Start in Program: _____

Project title:

Date of Project Presentations: _____

Project Assessment and decision

Pass as submitted Pass with Minor revisions Pass with Major revisions Defer Fail

Project Course Lead/ Professor of Record and Student Signature:

Project Course Lead/Professor of Record Name: _____

Signature: _____ Date: _____

Student Name: _____

Signature: _____ Date: _____

MN Program Committee Chair

Name: _____

Signature: _____ Date: _____

Project Course Lead/Professor of Record is to return this form to the School of Graduate Studies immediately after the final grade has been submitted.