

**University of Washington Bothell
MN Program
Detailed Master's Scholarly Project Plan
Signature Sheet**

***Complete during 2nd quarter enrolled in BNURS 598 (winter quarter)
Data collection may not be started before proposal has been approved by
committee, this form submitted with copy of proposal to Nursing Office**

Student Name:
Scholarly Project Title:
Supervisory Committee Chairperson:
_____ Signature Date
_____ Printed Name
Supervisory Committee Member:
_____ Signature Date
_____ Printed Name
Supervisory Committee Member:
_____ Signature Date
_____ Printed Name
Supervisory Committee Member:
_____ Signature Date
_____ Printed Name