



## Consent for Thesis

Student: \_\_\_\_\_

Red ID: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Concentration of Study (circle one):

APN   CHN   CHN/School Nurse   Nursing Leadership in Healthcare Systems

CHN/Midwifery      CHN/Midwifery & WHCNP

CHN/Women's Health Care Nurse Practitioner

I agree to serve as thesis chairperson:

Faculty signature: \_\_\_\_\_ (Date) \_\_\_\_\_

Graduate Advisor's signature: \_\_\_\_\_ (Date) \_\_\_\_\_

Last revision: October 2, 2008