

**SAN DIEGO STATE UNIVERSITY
SCHOOL OF NURSING**

Consent for Thesis

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Concentration of Study (circle one)

APN CHN CHN/School Nurse NSA 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) _____