



جامعة كالجارى فى قطر  
UNIVERSITY OF CALGARY IN QATAR

*Graduate Students' Consent form*

<b>Student Name:</b>	<b>UCID:</b>
<b>Supervisor:</b>	<b>Sponsor:</b>
<b>Email:</b>	<b>Mobile:</b>

**Project title:**

I hereby authorize Graduate Studies Department at University of Calgary in Qatar to place my Master of Nursing Program's final paper with title mentioned above in an archive purposes for historical tracking of the program.

Name:

Signature: