



جامعة كالغاري في قطر
UNIVERSITY OF CALGARY IN QATAR

**Faculty of Nursing
Master of Nursing Program**

Notice of Comprehensive Oral Examination

CLOSED EXAMINATION

Candidate:

Date:

Department/Program: **Nursing - Qatar**

Degree: **MN**

Specialization: **N/A**

Date and Time of Examination:

Place of Examination:

Examining Committee:

**To be completed by the
Supervisor →**

The examining committee named above meets the following criteria*:

- Has not collaborated with the supervisor in the last five years
- Is not personally related to the student, and has not worked with the student in an employer/employee relationship

***If one or more of these criteria is not met, please attach a memo explaining why you still wish to make the recommendation.**

I am aware of these arrangements.

Date:

Candidate Signature:

The signatures below verify that the student named above has met all departmental requirements, completed the required course work, maintained a grade point average of at least 3.0, and is not on withhold.

Date:

Supervisor:

Date:

Graduate Coordinator: