SAN JOSE STATE UNIVERSITY
SCHOOL OF NURSING

MASTER’S PROGRAM PROJECT OPTION (PLAN B)
PROJECT SIGNATURE FORM

STUDENT NAME

semester enrolled

Title of project

__________________________________________

__________________________________________

NAME OF JOURNAL

__________________________________________

The project and the manuscript have been successfully completed and meet the
standards of the School of Nursing University. The project demonstrates
the application of professional knowledge, clinical expertise, and scholarly
thinking. An abstract of the project and two copies of the manuscript are
attached.

__________________________________________

ADVISOR’S SIGNATURE

DATE

__________________________________________

ADVISOR’S SIGNATURE

DATE

Please submit the form to the Graduate Coordinator. Attach abstract, two
copies of the manuscript, and the documentation of submission to the journal
(i.e., postal receipt).