

SCHOOL OF NURSING Graduate Programs

STATEMENT OF CONTRIBUTIONS FORM

(Date)	
To Whom It May Concern:	
The present is to confirm that (Student Name)	
contributed as a whole to the manuscript entitled:	
(Name of Supervisor)	er role as supervisor,
and	_
(Names of co-authors, if appropriate)	_
Guided the work and made editorial suggestions for the manuscript	
Student Signature	Supervisor Signature