



**Nurses Association** **Association des infirmières et infirmiers**  
OF NEW BRUNSWICK DU NOUVEAU-BRUNSWICK

Confirmation of Nursing Education

(To be completed by the Registrar's Office, or the Dean of the Faculty / Director of the school)

Name of Student: \_\_\_\_\_

School of Nursing: \_\_\_\_\_

I confirm that the above-named candidate has completed all requirements for the nursing program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date of program completion: \_\_\_\_\_

Date degree will be conferred: \_\_\_\_\_

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FOR OFFICE USE ONLY: Accepted \_\_\_\_\_

Signature \_\_\_\_\_

Rejected \_\_\_\_\_

Date \_\_\_\_\_

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