



Program Reference Form

This form must be completed for applicants applying from another nursing program or who have completed a minimum 9 credit hours (or equivalent) of nursing classes

For Completion by Applicant

I, (print full given name) _____,

do hereby request verification of my performance in a previous nursing program.

Applicant signature

Date

For Completion by Institution **Return completed form to:*

*Admissions Office, Enrolment Services
Attention: Nursing Admissions Specialist,
University of Regina
3737 Wascana Parkway
Regina, SK S4S 0A2*

Please put in a sealed envelope with the signature of the person completing the form across the envelope seal.

The above named applicant is currently enrolled or was previously enrolled in:

_____ at _____
(Name of nursing program) (Name of institution)

I confirm that the above student:

- is/was in good academic standing during his/her time in the program
- has had no determination of professional unsuitability
- has not been subject to disciplinary action
- has had no unsatisfactory or failed clinical/practicum experiences
- has had no other related matters (including matters pending).

If you left any of the above blank, please comment:

Registrar/Dean or Designate Signature

(Print name and title here)

Date