Université d'Ottawa | University of Ottawa

REQUEST FOR CLINICAL HOURS CONFIRMATION

SURNAME	GIVEN NAMES	STUDENT NO.
ADDRESSE		POSTAL CODE
AREA CODE AND TEL. NO. E-MAIL		
AGEN VEAR OF ADMISSION	CY AND UNIT / SPECIALITY AREA OF YOUR CONSOLIDATION :	
GRADUATION : YEAR OF ADMISSION . IN THE PROGRAM		
CAMPUS WHERE YOU COMPLETED YOUR STUDIES : OTTAWA WOODROFFE PEMBROKE		
[cu :		
The following documents are needed to process your request:		
Unofficial transcript Please print your unofficial transcript via uoZone.		
Official transcript Please request your official transcript from InfoService.		
Clinical course syllabi Please request the course syllabi for all your nursing courses (NSG) from InfoService.		
I would like my clinical hour letter to be sent to:		
ORGANIZATION		
ADDRESS		POSTAL CODE
I would like to receive a copy of the clinical hours letter by e-mail. (Please allow a delay of 6 to 8 weeks from the moment the School of Nursing receives your request.)		
I understand that at all times my personal information will be protected in accordance with the freedom of information and protection of privacy act.		
DATE	SIGNATURE (STUDENT)	<u> </u>
FOR FACULTY USE ONLY		
4AEC Letter sent		
DATE	SIGNATURE	

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