REQUEST FOR CLINICAL HOURS CONFIRMATION

SURNAME				GIVEN NAMES			STUDENT NO.			
ADDRESSE						POSTAL CODE				
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AREA CODE AND TEL. NO.		E-MAIL								
GRADUATION : YEAR	YEAR OF ADMISSION . IN THE PROGRAM		ND UNIT / SPECIALITY AREA OF Y	YOUR CONSOLIDATION :						
CAMPUS WHERE YOU COMPLETED YOUR STUDIES : OTTAWA WOODROFFE PEMBROKE										

The following documents are needed to process your request:					
	Unofficial transcript Please print your unofficial transcript via <u>uoZone</u> .				
	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 8 to 10 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)

FOR FACULTY USE ONLY 4AEC Letter sent DATE SIGNATURE

Faculty of Health Sciences • Undergraduate Studies office healthsc@uOttawa.ca Monpetit Hall, room 232 Ottawa ON K1N 6N5

