



www.nanb.nb.ca

www.aiinb.nb.ca

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: _____

FOR OFFICE USE ONLY: Accepted _____

Signature _____

Rejected _____

Date _____

165 Regent St., Fredericton, NB Canada E3B 7B4
Tel.: (506) 458-8731 / Fax.: (506) 459-2838
E-mail: nanbregistration@nanb.nb.ca
Web: www.nanb.nb.ca

165, rue Regent, Fredericton (N.-B.) Canada E3B 7B4
Tél.: (506) 458-8731 / Téléc. : (506) 459-2838
Courriel : aiinbimmatriculation@aiinb.nb.ca /
Internet : www.aiinb.nb.ca