



TRANSCRIPT REQUEST FORM

INSTRUCTIONS TO APPLICANT: Complete this form and send to your School of Nursing (College or University) where your nursing education was completed.

Please Print Clearly

Name: _____				
Last Name	First Name	Middle Name (Underline Common Name)	Previous Name(s)	
Address: _____				
Number	Street	City/Town	Province/Territory	Postal Code
Phone: (____) _____		Email: _____	Date of Birth: _____	
			DD/MM/YYYY	

School of Nursing: _____		Graduation Date: _____		
		DD/MM/YYYY		
Address: _____				
Number	Street	City/Town	Prov/Territory	Postal Code

INSTRUCTIONS TO SCHOOL: I am making an application for registration in the Northwest Territories/Nunavut, Canada. A record of my nursing education program is required. Please attach this letter to an **official transcript** of my nursing or nurse practitioner education and mail directly to the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU). The transcript **must**:

- include the degree or diploma awarded, and
- be signed and sealed by an authorized official.

Signature of Applicant: _____ Date: _____