

**REQUEST FOR
TRANSCRIPT
VERIFICATION OF COMPLETION
REPLACEMENT DIPLOMA**

**Note: Payment must be received before your request will be processed.
Payments will not be reimbursed.**

Current Date:		
Surname	Given Names	Surname at Time of Graduation
Current Mailing Address		
City/Town	Province/State	Postal code /Zip Code
Email Address	Daytime Phone Number	

TRANSCRIPT INFORMATION

Please select program for which transcript/verification is requested.	Year Graduated
<input type="checkbox"/> Adult Intensive Care Nursing Program	
<input type="checkbox"/> Neonatal & Pediatric Critical Care Nursing Program	
<input type="checkbox"/> Manitoba Emergency Nursing Program	
<input type="checkbox"/> WGH/Health Sciences School of Nursing Diploma Program	

Institution Address Transcript To Be Sent To: Be Sure to indicate if you wish more than one copy of your transcript sent (i.e. x 2 copies sent to an address). Please note that "Official Transcripts" can NOT be sent to you. If you require a copy sent to more than two institutions, please indicate this on this form and send a secondary page.

1. _____	2. _____
_____	_____
_____	_____

FEES

Cost Per Copy Of Transcript

Sent anywhere in Canada \$20.00

Sent anywhere outside Canada \$30.00

Cost Of Verification

\$5.00

Cost Per Copy of Replacement Diploma \$50.00

TOTAL AMOUNT PAID: _____

TYPE OF PAYMENT (Please note: Cash is not an option)

Cheque: (Make cheque/money order payable to the Health Sciences Centre). Note: If your account is not in Canada, you must send a money order or certified cheque in Canadian funds.

Credit Card: VISA MC AMEX

Card #	Expiry Date:
Name As It Appears On Your Credit Card	

Please forward completed form to the address above via mail.

FOR OFFICE USE ONLY Date request received.	412320001 cc: 10400012 Tax Code: ZB
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