



Saskatchewan Collaborative  
Bachelor of Science in Nursing  
www.sasknursingdegree.ca



**Program Reference Form**

This form must be completed by applicants applying from another nursing program or who have completed a minimum of 9 credit hours (or equivalent) of nursing courses

**For Completion by Applicant:**

I, (print full given name) \_\_\_\_\_,

Do hereby request verification of my performance in the previous nursing program.

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Date*

For Completion by Institution \*return completed form to:

*Admissions Office, Enrolment Services  
Attention: nursing Admissions Specialist,  
University of Regina  
3737 Wascana Parkway  
Regina, SK S4S 0A2*

*Form must be returned in a sealed envelope with the signature of the person completing the form across the envelope seal or emailed directly by the institution(s) to [enrolment.services@uregina.ca](mailto:enrolment.services@uregina.ca).*

The above named applicant is currently enrolled or was previously enrolled in:

\_\_\_\_\_ at \_\_\_\_\_  
*Name of nursing program* *Name of institution*

**I confirm** that the above student:

- is/was in good academic standing during his/her time in the program
- has had no determination of professional unsuitability
- has not been subject to disciplinary action
- has had no unsatisfactory or failed clinical/practicum experiences
- has had no other related matters (including matters pending)

If you left any of the above blank, please comment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Registrar/Dean or Designate Signature*

\_\_\_\_\_  
*Print name and title here*

\_\_\_\_\_  
*Date*