



UNIVERSITY OF SASKATCHEWAN

College of Nursing

NURSING.USASK.CA

## Program Reference Form

Students who have previously attended a nursing program are eligible to apply, or reapply, to the College of Nursing. This form must be completed by all applicants who have attended a nursing program and have completed a minimum 6 credit units (or equivalent) of nursing classes in Canada.

### For Completion by Applicant

I, (print full given name) \_\_\_\_\_,  
do hereby request verification of the acceptability of my performance in a previous nursing program(s).  
(Includes completion of form and permission to contact the previous nursing program)

\_\_\_\_\_  
*Name of previous Nursing Program(s)* at \_\_\_\_\_  
*Name of Institution*

\_\_\_\_\_  
*Applicant Signature* \_\_\_\_\_  
*Date*

### For Completion by Previous Nursing Program

*Please put in a sealed envelope with the signature of the person completing the form across the envelope seal.*

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

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

I confirm that the above student:

- ☐ is/was in good academic standing during their 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:

\_\_\_\_\_  
\*Please note, we may be contacting you for further information if required.

\_\_\_\_\_  
*Dean or Designate Signature* \_\_\_\_\_  
*Date*

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

***Return completed form to:***  
*Recruitment, Admissions and Transfer Credit*  
*University of Saskatchewan*  
*105 Administration Place*  
*Saskatoon, SK S7N 5A2*