



uOttawa

Faculté des sciences de la santé
Faculty of Health Sciences



4 A E C

**** PLEASE ALLOW AT LEAST 5 WORKING DAYS FOR THE PREPARATION OF THE LETTER. ****
During registration period, the delay can be up to 10 working days.

REQUEST FOR A LETTER OF ATTESTATION

(Surname and Given Name)

(Student Number)

(Address)

(Telephone Number)

(E-mail address)

(Program of Studies)

➤ ***I would like the following letter of attestation sent:***

- To the above address
- To the following address: _____
- I will pick it up at the Academic Secretariat (RGN2014)

➤ ***Information required:***

- I have completed the requirements of my program: _____
(Title of Program)
- The duration of my program: _____
(Title of Program)
- The number of credits completed as of _____
- Clinical Hours completed (Generic Program only)
- Good Standing
- For an international exchange
- Recommendation to a professional association
 - College of Nurses of Ontario (CNO)
 - College of Physiotherapists of Ontario; Canadian Physiotherapy Association; l'Ordre des physiothérapeutes de l'Ontario et du Québec
 - Ordre professionnel des ergothérapeutes du Québec; Ordre professionnel des ergothérapeutes de l'Ontario; Association canadiennes des ergothérapeutes
 - Other (Please specify) : _____

➤ ***Please specify the reason for this request:***

- For a salary increase
- For my employer or a job
- Other (please specify): _____

DATE: _____

SIGNATURE: _____

NOTE: Please contact **Infoservice**, if you wish to obtain an official transcript or the following information:

- 1) Confirmation of status (full-time or part-time)
- 2) Confirmation of program of studies
- 3) Confirmation of the year in which you are registered