



COLLEGE AND ASSOCIATION OF NURSES
of the Northwest Territories and Nunavut

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P.O Box 2757, Yellowknife, NT X1A 2R1

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 education and mail directly to the College and Association of Nurses of the Northwest Territories and Nunavut (CANNN). The transcript must:

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

Signature of Applicant: _____ Date: _____