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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 or nurse practitioner education and mail directly to the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU). The transcript **must:**

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_