NESA NURSING EDUCATION IN SOUTHWESTERN ALBERTA
BN PROGRAMS

CNSA Conference Delegate/Attendee Application Form

1. This form must be completed and received by the Academic Advisor/Program Chair **at least four weeks prior to the conference**.
2. The applicant will be responsible to solicit signatures from **all** instructors where her/his absence from the respective course(s) will be necessary to attend the conference.
3. The applicant will return completed application form to the Academic Advisor/Program Chair at the respective institution to be approved.
4. This form must be legibly completed in full or it will not be evaluated.
5. Applicants should make a copy of the completed form for their own records.

This form must be submitted to the appropriate institution:

Nursing Academic Advisor
Faculty of Health Sciences
University of Lethbridge
4401 University Drive West
Lethbridge, AB T1K 3M4
Fax: 403-329-2668
Email: nursing@uleth.ca

Nursing Program Chair
School of Health Sciences
Lethbridge College
3000 College Drive South
Lethbridge, Alberta T1K 1L6
Fax: 1-888-564-8207
Email: laura.vogelsang@lethbridgecollege.ca

Student Contact Information

Last Name _____ First Name _____

Student ID Number _____ Phone Number _____

Mailing Address _____

Email Address _____ Date of birth _____
dd/mm/yy

Current program: ☐ BN ☐ BNAD

Year of program: ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4

Conference dates: _____ to _____
dd/mm/yy dd/mm/yy

Student's Signature: _____ Date: _____

Instructor's Signature(s): _____ _____

_____ _____

Instructor(s) and student will discuss how required course work is to be completed, and how learning from the conference is to be shared with student colleagues.

Advising Office Signature: _____ Date: _____

APPENDIX: Policy: Attendance