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 approval 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.
6. Final approval will be provided to the student by email from Academic Advisor/Program Chair.

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: benjamin.northcott@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

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: __________________________

Approved: NESA BN Programs Joint Committee Meeting – May 2019