

 **CNSA Conference Delegate/Attendee Application Form**

1. This form must be completed and received by the Academic Advisor (UL)/Program Chair (LC) **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 Nursing Program Chair
Faculty of Health Sciences School of Health Sciences
University of Lethbridge Lethbridge College
4401 University Drive West 3000 College Drive South
Lethbridge, AB T1K 3M4 Lethbridge, Alberta T1K 1L6
Fax: 403-329-2668 Fax: 1-888-564-8207
Email: nursing@uleth.ca Email: liz.cernigoy@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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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