

CONFIRMATION OF COMPLETION OF ACADEMIC PROGRAM FORM

This form confirms that _____,
Name of applicant

will graduate/graduated with a _____,
Name of degree(s)

from _____, in _____.
Name(s) of university/ies Date of Convocation (Month/Year)

Academic upgrading (complete this section if your date of convocation listed above is not current to within 3 years of June 30 2024).

Have you been assessed by the College of Dietitians and completed all required academic upgrading: Yes No

If you have completed academic upgrading, you are required to attach your College of Dietitians of Manitoba (CDM) Assessment Letter to your MAHN application.

This section must be completed by an accredited University Dietetics Education Program Director.

This applicant:

has completed the required academic program requirements.

OR

will complete degree coursework requirements by _____ to be eligible to convocate.

Date

Signature of University Program Director

Date