



The Moncton Hospital Graduate Dietetic Internship Program

CONFIRMATION OF COMPLETION OF ACADEMIC PROGRAM FORM

This form confirms that

Name of applicant

will graduate/graduated with a

Name of degree(s)

from

Name(s) of university/ties

, in

Date of Convocation (Month/Year)

**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 requirement by
eligible to convoked.

Date

to be

Signature of university Program Director

Date