



Date

Please accept this letter as confirmation that Hamilton Health Sciences confirms awareness that:

Applicant name:

Date of birth (mm/dd/yy):

has applied to the RPN to BScN Blended Learning Program at Nipissing University.

This program will enable \_\_\_\_\_ to complete 2 part time courses per semester until a BScN is obtained (maximum time frame to complete all courses is seven years).

Hamilton Health Sciences is committed to the attainment of nursing education through the support of this program. It is the student's responsibility to ensure that they upholds employment commitments within Hamilton Health Sciences and that participation in the Program is not at the expense of their employment obligations.

Thank you for agreeing to accept this letter as a component of the application process for the RPN to BScN Blended Learning Program.

Hamilton Health Sciences Contact Name:

Position:

Signature:

Date:

Student Signature:

Date:

Intake month and year being applied for: