



Date

Please accept this letter as confirmation that AGENCY confirms awareness that:

\_\_\_\_\_, ( \_\_\_\_\_ ) has applied to the RPN to  
applicant name Date of birth (mm/dd/yy)

BScN Blended Learning Program at Nipissing University.

This program will enable \_\_\_\_\_ to complete 2 - 3 courses per semester  
applicant name  
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 he/she upholds employment commitments within Hamilton Health Sciences and that participation in the Program is not at the expense of his/her 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:

Signature:

Position:

Date:

Student Signature:

Date:

Intake (month/year) being applied for: \_\_\_\_\_ (mm/yy)