



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)

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