

**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