

CONFIRMATION OF ELIGIBILTY TO GRADUATE DECLARATION

l,	, declare that: (Applicant Name)
	I have completed all requirements (<u>finals marks have been posted</u>) and I am eligible to receive a social work degree from an approved or accredited social work program.
	I have requested a confirmation of eligibility to graduate letter from the Registrar's office, to be sent to the Manitoba College of Social Workers (the College) directly from the educational institution.
	I expect my degree to be conferred on (Date) I understand and agree that my registration will be subject to a condition to submit my official transcript, sent directly from the educational institution to the College, within 6 months of the date of my application for registration.
	I understand and agree that if I do not submit my official transcript by the deadline provided by the College, or if the content of the transcript is inconsistent with the information provided in the verification letter or otherwise not satisfactory to the College Registrar, my registration will be cancelled without further notice.
Name:	(please print)
Signatu	ro: Dato:

Please return this declaration to:

Manitoba College of Social Workers 101 – 2033 Portage Avenue Winnipeg, MB R3J 0K6

Phone: 204-888-9477 Fax: 204-831-6359

Email: admin@mcsw.ca