



**CANNT|ACITN**  
Canadian Association of Nephrology Nurses and Technologists  
l'Association canadienne des infirmières et infirmiers et des technologues de néphrologie

## ELIGIBILITY FOR STUDENT REGISTRATION

*Please type or use block letters and return by email to [cannt@cannt.ca](mailto:cannt@cannt.ca)*

NAME: \_\_\_\_\_  
(Last Name) (First Name) (Initial)

NATURE OF COURSE: \_\_\_\_\_

UNIVERSITY: \_\_\_\_\_

EXPECTED DATE OF COMPLETION: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Certified as a full-time graduate student, or not-less-than-half-time undergraduate student:*

NAME OF FACULTY ADVISOR:  
\_\_\_\_\_

ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Signature of Faculty Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_