



SAMPLE – Graduation Verification Form

To: Canadian Alliance of Physiotherapy Regulators

From: First Name Last name, Registrar

Date: September 1, 2010

Student Name: Student First Name Last Name

Student Number: number

This letter is to confirm that *Student Full Name (student no.)* has successfully completed all the requirements for *Bachelor of Physiotherapy* at *XXX University* as she/he has obtained the required number of credits for completion.

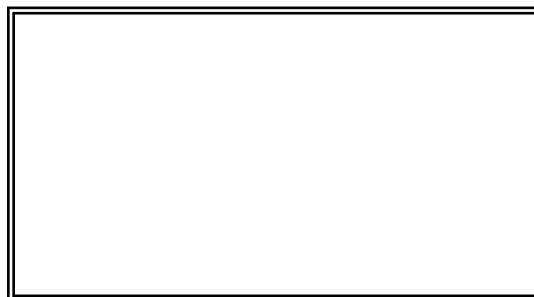
The scheduled date for conferral of the award of *Bachelor of Physiotherapy* by **NAME OF AUTHORITY** of *XXX University* is *December 20, 2010*.

Registrar's Signature

September 1, 2010

Signature

Date



Seal of the school