

## Nephrology Application Form

The personal information on this form is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1990 Reg. 770. The information is being collected for the purposes of admission and administration decisions as outlined by the Freedom of Information and Protection of Privacy Act of Ontario Sections (38)(39).

### PERSONAL AND CONTACT INFORMATION (Print clearly)

First Name	Middle Name	Last Name
Street Address:		
City:	Province:	Postal Code:
Contact Number:	Status in Canada:	
Country of Citizenship:	Country of Birth:	
Birth Date (yyyy-mm-dd):	Gender:	
Seneca Student Number:		
Email Address (provide one that is checked frequently) :		

### ADMISSION REQUIREMENTS

### Registration Number (CNO)

Proof of current Registered Nurse (RN) or Registered Practical Nurse (RPN) registration	
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### DECLARATION

I certify that the information provided within this form is true and that I have submitted all required documentation.

Signature

Date

Submit the completed application package **by email** to  
**Nadia Torresan**, Chair, Seneca Nanji Foundation School of Nursing  
at this email address:

[nadia.torresan@senecapolytechnic.ca](mailto:nadia.torresan@senecapolytechnic.ca)

You will receive an email confirming your acceptance to enroll in courses.