

NEW BRUNSWICK ASSOCIATION OF SOCIAL WORKERS

AFFIDAVIT OF DIPLOMA

(Please complete in type or block letters)

DATE: _____

NAME AND ADDRESS OF UNIVERSITY: _____

NAME UPON GRADUATION _____

DEGREE OBTAINED AND DATE: _____

I have submitted application for membership to the New Brunswick Association of Social Workers. I would appreciate your completing the present certification form and returning it to:

N.B.A.S.W.
P.O. Box 1533, Station A
Fredericton, NB E3B 5G2

Thank you.

Signature of Applicant: _____

Present Address: _____

This is to certify that the above named applicant has successfully completed and was granted by our institution

a B.S.W. Degree _____ in 20 _____

a M.S.W. Degree _____ in 20 _____

other _____ in 20 _____ (specify) _____

SEAL OF THE INSTITUTION

Signature: _____

Function: _____

Date: _____