

# NEW BRUNSWICK ASSOCIATION OF SOCIAL WORKERS

P.O. Box 1533, Station A, Fredericton, NB E3B 5G2

## CERTIFICATION OF COMPLETION OF NECESSARY REQUIREMENTS FOR SOCIAL WORK DEGREE

Name : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

I have submitted application for **temporary** membership to the New Brunswick Association of Social Workers. Please complete this form and return it to the N.B.A.S.W. at the above address. Thank you.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

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This is to certify that the above named applicant has successfully completed all the requirements for the awarding of the Social Work degree and that there are no known impediments to this conferral.

Degree \_\_\_\_\_ Projected date of conferral \_\_\_\_\_

Name of University : \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Registrar or University Official

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Official seal of University