



DAPHNE COCKWELL SCHOOL OF NURSING | FACULTY OF COMMUNITY SERVICES

Accredited by the Canadian Association of Schools of Nursing

Date:

Re: International Placement

This is to confirm that _____ is a registered student in the Daphne Cockwell School of Nursing at Ryerson University.

She/He has arranged to travel to _____ to participate in an UNPAID student placement which is a component of the (program name).

Dates of Unpaid Placement:

Contact Information:

Ryerson University:

Faculty Advisor's Name:

Telephone:

Email:

Practice Placement Organization:

Preceptor's Name:

Telephone:

Email:

Should you require further information, please contact me

Sincerely,

(Name)

Associate Director

Daphne Cockwell School of Nursing

416-979-5000 ext. _____

Email

Daphne Cockwell
SCHOOL OF NURSING