

Letter of Confirmation of Faculty, Program, and Year

For the Winnipeg Interprofessional Student-Run Health (WISH) Clinic

Date: _____

Name of student: _____ Student Number: _____

Faculty: _____ Program/ Major: _____

Expected Date of Graduation: _____ Year in Program: _____

Signature of Faculty Representative: _____

Position of Faculty Representative: _____

Name of Faculty Representative: _____

The Faculty Representative must be an employee of the University of Manitoba and a representative of your school/faculty who can confirm the information you provided (ie faculty, program, year in the program, and student number).