



**Affidavit of Diploma**

Date:

Name and address of university:

Name upon graduation:

Degree obtained and date:

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

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

Thank you.

Signature of Applicant:

Present Address:

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**To be completed by the educational institution**

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

a B.S.W. Degree (month)	in 20	
a M.S.W. Degree (month)	in 20	
other (month)	in 20	(specify)

**Seal of the institution**

Signature:

Function:

Date: