

THE SOUTH AFRICAN NURSING COUNCIL

NOTIFICATION OF TERMINATION OF COURSE

SURNAME \_\_\_\_\_

FULL CHRISTIAN NAMES \_\_\_\_\_

DATE OF TERMINATION \_\_\_\_\_

REASONS \_\_\_\_\_

Period of course completed: From \_\_\_\_\_ to \_\_\_\_\_

LEAVE GRANTED:

Type of Leave (e.g.

Sick, Vacation,

etc.) \_\_\_\_\_.

From

To

Period

	<u>From</u>	<u>To</u>	<u>Period</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Person in Charge of School