CREDENTIALING PACKAGE REQUEST

|  |
| --- |
| **Requestor Details** |
| **Last Name at UBC:**       |
| **Last Name at Present:**      (If different from above) |
| **First Name:**       |
| **UBC Student Number:**       |
| **Year of Graduation:**       |
| **Telephone Number:**       |
| **Email Address:**       |

|  |
| --- |
| **Credentialing Agency Information** |
| **Name of Agency:**       |
| **Deadline for submission:**       |
| **Agency Mailing Address / Email Address:**      (please provide the address to which the package will be sent) |
| **Requirements:**      (please describe the package components) |

Please email the completed form to mpt.admin@ubc.ca