DIPLOMA					
I,Name	of the	City, Town, Village	of _	Place Name	
		3, , ,			
in the Province / State	of <u>_</u>	Province / State	e Name		_
declare that:					
1. I was admitted to the degre	e of				
by The University of Wester	n Ontario	in the year			_
2. The degree was		in the follow	ing circums	tances:	
State that the diploma was not	received	, was lost, or w	as destroyed	d. Provide	details below
I MAKE THIS DECLARATION conscithe same force and effect as i	f made und				
Signature					
DECLARED before me in the		of			
	City, Town, Vi	e	Place Nam		
in the	Drawin as / Co	of tate	Dunaina / Ctata	Nome	_
this		day of		_ 20	
	:======:	=========	=======	=======	==
Signature					
A Lawyer/ Notary Public (inclu	ıding seal	/stamp) in and f	or the Prov	ince/State	
of					
My Commission expires					<u> </u>
Name of Lawyer or Notary Publi	.c (please	type)			
Business Address (please type)					

IN THE MATTER OF A PETITION TO THE SENATE OF THE UNIVERSITY OF WESTERN ONTARIO FOR A NEW

NOTE: This declaration must be made before a Commissioner or Notary Public