

UNIVERSITY OF HEALTH SCIENCES
FACULTY OF HEALTH SCIENCES
SCHOOL OF NURSING
BACHELOR OF SCIENCE IN NURSING

WE HEREBY CERTIFY THAT THE
SIGNED AND SIGNED INDICATED
HONORABLY AND DEDICATEDLY
DURING THE PERIOD OF STUDY
AND IN COMPLIANCE WITH THE
REQUIREMENTS OF THE
UNIVERSITY OF HEALTH SCIENCES

AND SHE HAS BEEN GRANTED THE DEGREE OF BACHELOR OF
SCIENCE IN NURSING

DEGREE GRANTING

AS A RESULT OF ACHIEVING THE REQUIREMENTS OF THE
DEGREE GRANTING BOARD OF THE UNIVERSITY OF HEALTH SCIENCES
AND SHE HAS BEEN GRANTED THE DEGREE OF BACHELOR OF
SCIENCE IN NURSING



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