

1. Name (Full Legal)

Last (Family) Name		First Name		Middle Name
Preferred Name (If different from First Name)	Have you applied for admission to the university before? Yes No	Have you attended the university before? Yes No	If so, what is your U of S Student Number (if known)	

2. Mailing Address

All correspondence from this office will be sent to this address. If you change your address, you must notify the Admissions office of your new address and the date when you will be relocating.

Apartment No., Street, Box Number				
City/Town		Province	Postal Code	Country
Telephone Number – Canada and U.S. Only (Include area code)		Email		

3. Personal Information

Date of Birth (mm/dd/yyyy)	Gender Female Male Gender variant Prefer not to disclose	Are you a citizen or permanent resident of Canada? Yes No	If yes, please indicate your citizenship status Canadian Non-Canadian Permanent Resident
If you are a permanent resident as defined by Citizenship and Immigration Canada, please indicate the date you became a permanent resident of Canada. (mm/dd/yyyy)		Grade currently enrolled in	Expected high school graduation date (mm/dd/yyyy)

If you would like to give a third party (family member or representative) access to your application information and the ability to make inquiries on your behalf, including whether or not you have been admitted, your permission is required.

Do you consent to the release of information concerning your application during the application evaluation period?

Yes No

If yes, please enter the full legal name of the person and his/her relationship to you.

Full Name		Relationship to Applicant	Email	
Apartment No., Street, Box Number		City/Town	Province	Postal Code/Zip Code Country

4. Program

Please indicate the course you are taking for credit through the U of S (this may also be a dual credit course).

Course Name	College
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5. Parental and School Permission

Parent Consent

I hereby grant permission for my child, _____, to enrol at the University of Saskatchewan.

Parent or guardian signature	Date (mm/dd/yyyy)
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School Consent

I hereby recommend that _____ to enrol at the University of Saskatchewan.

School Official Signature			Date (mm/dd/yyyy)	
Name of School	Email		Telephone	
Address	City/Town	Province	Postal Code	Country

6. Applicant Declaration

I agree, if admitted to the University of Saskatchewan, to comply with the regulations of the university. I certify that the information I have provided on this application is true and complete in all respects and that no relevant information has been withheld.

Applicant signature	Date (mm/dd/yyyy)
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Completed forms must be submitted to:

Recruitment, Admissions and Transfer Credit
Email: admissions@usask.ca ■ Tel: 306-966-5788