



APPLICATION FORM

2015-2016

221 Third Avenue North, Saskatoon, SK S7K 2H7 Phone: (306) 244-6333 or Toll Free 1-800-679-7711, Fax: (306) 652-4888

HOW TO APPLY – In order to process your application, we require the following documents:

OFFICIAL TRANSCRIPTS	REGISTRATION FEE * Once registered, the registration fee is <u>not</u> refundable, but is valid for two years.
APPLICATION FORM	Canadian Citizen / Permanent Resident / International Student \$100

PAYMENT OPTIONS: CASH, CHEQUE, INTERAC, MONEY ORDER

COURSE NAME	START DATE
<input type="checkbox"/> Practicum option	

PERSONAL INFORMATION (Please print CLEARLY)

Last Name		First Name		Middle Name	Social Insurance Number
Student Address (Street Name, Box Number)			City/Town	Province	Postal Code
Home Phone ()	Cell Phone ()	Birthday (MM/DD/YYYY)		E-mail Address	
Current Employer			Work Phone ()	Employed how long?	<input type="checkbox"/> Part-time? <input type="checkbox"/> Full-time?

CITIZENSHIP

Canadian: Citizen Permanent Resident Date Entered Canada: _____
 International Student Valid Student Visa Expiry: _____

DISABILITY *May affect program choice & accommodations. Supported documentation required.

I have an ongoing disability. Because of my circumstances, I may need assistance in order to participate in my program.
 Physical Disability: _____
 Learning Disability: _____
 I have an ongoing health condition that may affect attendance: _____

ALTERNATE MAILING ADDRESS

Name (Parent, sibling, grandparent, aunt, uncle, etc.)	Relationship to you	Phone ()	
Address (must be DIFFERENT from student address)	City/Town	Province	Postal Code

EDUCATION HISTORY

	Name of School	Name of Program/Degree/Certificate	Completed	Year Graduated:
<input type="checkbox"/> High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> GED or Adult 12	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> University	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> SBC Alumnil	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> College	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> Other:	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

FUNDING OPTIONS

<input type="checkbox"/> Student Loans Do you have previous Student Loans? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, are they in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> WCB <input type="checkbox"/> Bank: Student Line of Credit <input type="checkbox"/> CANSASK <input type="checkbox"/> GDI <input type="checkbox"/> Band Funding <input type="checkbox"/> Other: _____	I am of Aboriginal ancestry: (check one) <input type="checkbox"/> Metis <input type="checkbox"/> Status/Treaty <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Indian Inuit Band Affiliation: _____ Contact Name: _____ Contact's Phone: () _____
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DECLARATION OF INFORMATION

SBC recognizes and respects the importance of privacy. The information on this form is collected under the legal authority of government legislation and is used for administrative/statistical purposes by authorized SBC persons in the performance of their duties and for the purposes of determining your eligibility for alumni benefits and to administer development and alumni operations. If you have questions about the collection or use of this information, please contact the SBC Privacy Officer. I hereby certify that all the information on this registration form is true and complete. I understand that false information may result in cancellation of my status as a registered student. I agree to abide by SBC rules and regulations including payment of fees.

Signature: _____
Date: _____

FOR OFFICE USE ONLY Receipt No.: _____ Date: _____ Method: _____ Initials: _____ Met with: _____ Leads Center Updated <input type="checkbox"/> Yes <input type="checkbox"/> No	COMMENTS: Original Transcripts Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No If no, request for transcript sent _____ or transcript will be submitted on _____.
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