

Application for Admission

Early Start Program

1. Name (F	ull Legal
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1. Name (Full Legal)											
Last (Family) Name Firs			First Name				Middle Name				
Preferred Name (If different from First Name)		applied for admis versity before?	ssion Ha	ave you attended t	e you attended the university before?			If so, what is your U of S Student Number (if known)			
	Yes	No		Yes No							
2. Mailing Address											
All correspondence from this office will be sent to you will be relocating.	this addr	ess. If you chan	ge your a	address, you mu	st notify th	ne Admis	sions offic	e of your ne	ew address and th	e date when	
Apartment No., Street, Box Number			-								
City/Town	;ity/Town			Province Postal Code				Country	у		
Telephone Number – Canada and U.S. Only (Include area code)				Email							
3. Personal Information											
Date of Birth (mm/dd/yyyy) Gender	of Birth (mm/dd/yyyy) Gender Are you a citizen or permanent resident of Canada? If yes, pla			, please in	lease indicate your citizenship status						
Female Ma	ale	Yes No			Canadian Citizen			Non-Canadian Citizen Permanent Resident			
If you are a permanent resident as defined by (mm/dd/yyyy) Citizenship and Immigration Canada, please indicate the date you became a permanent resident of Canada.			Grade currently enrolled in				Expected high school graduation date (mm/dd/yyyy)				
If you would like to give a third party (family men whether or not you have been admitted, your pe			cess to y	our application i	nformatio	on and the	e ability to	make inqu	iiries on your beha	ılf, including	
Do you consent to the release of information	concern	ing your appl	ication o	during the app	ication e	evaluatio	on period	?			
Yes No											
If yes, please enter the full legal name of the pers	son and hi	s/her relationsh	nip to you	J.							
Full Name			Relationship to Applicant			Email					
Apartment No., Street, Box Number		City/To			Province		Postal Code/Zip Code		Country		
4. Program											
Please indicate the course you are taking for cred	it through	the U of S (this	may also	o be a dual credi	course).						
Course Name				College							

5. Parental Permission									
I hereby grant permission for my ch	nild to enrol at the University	of Saskatch	newan.						
Child's name	Parent or gua	ardian signature		D	Date (mm/dd/yyyy)				
6. School Consent									
I hereby recommend the following	to enrol at the University of	Saskatchew	/an.						
Child's Name	School Offi	Official Signature					Date (mm/dd/yyyy)		
Name of School		Email				Telephone			
Address City/To			ity/Town Province				Country		
7. Applicant Declaration	n								
I agree, if admitted to the University and complete in all respects and th				. I certify that the	information	I have pi	rovided on this application is tru		
Applicant signature			С				ate (mm/dd/yyyy)		
8 Payment of Fees									

Please indicate how you will pay for the \$90 CAD non-refundable application fee. Application fee payment is required before your application will be processed. Cheques or money orders should be made payable to the University of Saskatchewan.

Cheque

Money Order

Cash—Applicants may use this option only when paying in person please do not send cash in the mail

Debit Card—Applicants may use this option **only when paying in person**

 $\textbf{Credit Card} \\ \textbf{--} \\ \textbf{Applicants may use this option only when paying in person, by phone, fax or by } \\$ sending payment by mail. Credit card payments cannot be accepted by email.