

AA211, Heritage Hall 1301 - 16 Avenue NW Calgary, AB T2M 0L4 Phone: 403.284.7248

Phone: 403.284.7248 Toll-free: 1.877.284.7248 Fax: 403.284.7112 Email: inquiry@sait.ca

Please complete sections A to E & G.

A) Personal Information				
Alberta Student Number (If known)		Student ID number (If known)		
Last name		First Name	Middle Name	
Former Name(s)		Preferred First Name		
Birth Date (DD/MM/YY)		Gender Male Female Unspecified		
Address		City	Province	
Preferred Number	☐ Home ☐ Alternate Numb	Per Home Cellular Business	Postal Code	
Email			Native Language	
If you wish to declare Aboriginal ancestry, please indicate First Nations Metis Inuit	Citizenship Statu	s Permanent Resident Refugee Student	Visa Visitor Visa Work Visa	
Country of Citizenship		Date of Entry (DD/MM/YY)		
Emergency Contact Name		Emergency Contact Phone		
B) High School Information				
Last high school attended (in Canada or other countries				
Town/City/Country		Last year attended		
C) Post-Secondary Information				
Institute name	Period of Study	Level of academ	Level of academic achievement	
Institute name	Period of Study	Level of academ	Level of academic achievement	
Institute name Period of Study		Level of academ	Level of academic achievement	
D) Program Information				
Desired program		Major (If applicable)		
Program start?	rm			
Year Month	Fall (Sept. to Dec.) Wi	ter (Jan. to April) Spring (May to June) Summer (July to Aug.)		
Have you previously attended or applied to a SAIT full-time or continuing education course?  Yes No		If yes Year Month		
Program delivery (if applicable)				
Online Part-time (evenings)				



	school or upgrading admission requirements, you may se or the program you are applying to and complete the cha			
Sul	bjects		Anticipated Grade	
Example: English	Language Arts 30-1		70%	
	rading courses from another province, or students upgra ov.ab.ca to ensure courses are acceptable for admission. ission requirement information.			
•	eceived no later than <b>August 1</b> for the fall intake, by <b>Dece</b> ed final grades will need to be verified on or before these			
F) Payment Information				
two business days to make your payment to card, PayMyTuition (for international stude)	tess requests, at which time the fee will be added to your mySAIT through mySAIT.ca. Failure to pay will result in the request being nts to pay in your home currency), CIBC International Student Pa rged on all credit card payments and a 1.5% service fee will be ad	cancelled. Acc . Do not includ	eptable forms of payment are Pre-authorized debit, Credit de your credit card information in the email or fax. Beginnin	
Applicant Check List				
Completed Application	Mid-Term Grades (where applicable)		Application Fee (Non-refundable/Non-transferable)	
Transcripts	Anticipated Grades			
f the above documentation is not available at	the time of application, please mail or fax to SAIT as soon as possib	e.		
G) FOIP Statement and signatures				
ABORIGINAL STATEMENT				
to and is necessary to meet its mandate and re Information will also be shared with the Chino questions regarding the collection activity, plea	collecting this personal information pursuant to section 33(c) of the esponsibilities to measure system effectiveness over time and dev ok Lodge Aboriginal Resource Centre on the SAIT campus in order tr ase contact the Office of the Director, Business Operations and Rep 8, T5J 4L5, (780) 427-7145 or your institution's Registrar's Office.	lop policies, pro improve Abori	ograms and services to improve Aboriginal learner success. iginal learner success. For further information or if you have	
FOIP NOTIFICATION STATEMENT				
33(c), the Statistics Act (Canada), and the Taxal to contact you regarding SAIT programs and st alumnus and will be disclosed to academic and market research purposes, and to the Student in a mailing list for direct marketing purposes,	pplication form is collected under the authority of the Freedom of Ir tion Act (Canada). It will be used to determine your eligibility for adm ervices, to administer and evaluate institute programs/courses, and d administrative units at SAIT and to Statistics Canada and Alberta is Association of SAIT and the SAIT Alumni Association for contact market research surveys or the distribution of other promotional m of Information and Protection of Privacy Act and can be reviewed of 03.284.8748.	ission to progra for statistical p interprise and A urposes and m aterial as appro	am(s)/course(s) of studies at SAIT, to facilitate your enrolment ourposes. It will form part of your record as an applicant and Advanced Education for statistical, funding, planning, and nembership services. This information will also be maintained oved by the Director of Office of the Registrar. Your personal	
DECLARATION OF APPLICANT				
applicant's transcripts in addition to those alre	his application is true and complete. I understand that completion o ady submitted. I understand that SAIT reserves the right to cancel a incellation of my admission or registered status. If admitted, I shall one.	ny admission r	uling on medical or other grounds. I also understand that any	
Applicant Signature			Date	

I have read and understand the FOIP statement above. I declare that the noted agent/sponsor/person is authorized to obtain information related to my application.

Date

Date

Agent/Person Signature

Agent/Person Name

Applicant Signature

