

Application for Admission to SIAST Programs



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Please read carefully and complete all sections. Print clearly using ink.

International students must complete the International Application for Admission.

Applicants to the Saskatchewan Collaborative Bachelor of Science in Nursing Program (SCBScN) must complete the SCBScN application for admission.

1 STUDENT IDENTIFICATION NUMBER

□	□	□	□	□	□	□	□	□
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SIAST Student Number

(If this is your first application or registration at SIAST, a number will be assigned.)

Are you attending or have you previously attended SIAST?

Yes No

2 PERSONAL INFORMATION

Complete Legal Name

Surname
First and Middle Name(s)
Former Name(s) (if applicable)
Preferred Name (if different from First name)

Male Female

Date of Birth: day | month | year

Social Insurance Number**

□	□	□	□	□	□	□	□	□	□
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Address

Apt. Number, Street, Box Number		
City or Town		
Province	Postal Code	
Country	Telephone (Home) ()	
Telephone (Business) ()	Telephone (Cell) ()	
E-mail*		

*Your current E-address will assist in timely communication.

**Providing your SIN Number ensures you will receive your taxation benefits (if eligible).

Citizenship Status

Canadian Citizen Province of Residence: _____

Landed Immigrant/Permanent Resident (Submit a copy of your Record of Landing or Permanent Resident Card)

Country of Citizenship _____ Country of Birth _____

Province of Entry to Canada _____

date of entry: day | month | year

Alternate/Emergency Contact This person will be contacted if we cannot reach you by way of your contact information, or in the case of an emergency.

Surname (family name)	First Name
Relationship	E-mail
Address	
Telephone (home)	Telephone (business or cell)

3 PROGRAM INFORMATION

You must complete a separate application form for each program and location to which you are applying. You are applying to the **next available** start date of the program. You may submit your application to any of the four SIAST campuses.

Location (please check only one): Online (check SIAST website for availability)

Moose Jaw (Palliser Campus) Prince Albert (Woodland Campus) Regina (Wascana Campus) Saskatoon (Kelsey Campus)

Program Name: _____

Full-time **or** Part-time (Evening/Distance Learning)

First Year Second Year

FOR OFFICE USE ONLY

Cash Cheque Debit MasterCard Visa Other (attach documentation)

Receipt #: _____ Received: _____

Credit Card No: _____ Expiry Date: _____

4 PREVIOUS AND CURRENT EDUCATION

A complete listing of secondary and post-secondary education is required.

High School or Secondary Education

Name of High School	Prov. (Country)	From mo yr	To mo yr	Certificate Obtained or Expected	Date mo yr	Language of Instruction

If known, indicate your Ministry of Education I.D. Number:

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Have you requested that your transcript be sent to SIAST? Yes No If yes, Date Requested _____

Post-secondary Education

University, College, Technical Institute	Program or Faculty	Prov. (Country)	From mo yr	To mo yr	Degree, Diploma or Certificate Obtained or Expected	Date mo yr	Language of Instruction

Is an official copy of a post-secondary transcript being sent to SIAST for transfer credit purposes? Yes No

5 EDUCATION EQUITY

Aboriginal Ancestry

SIAST reserves a number of seats in each program for persons of Aboriginal ancestry. To qualify for one of these seats or other services provided for persons of Aboriginal ancestry, you will need to check one of the following boxes:

- Métis Non-Status Indian Status/Treaty Indian Inuit

Note: Documentation verifying proof of Aboriginal ancestry must be submitted before a student can be given a start date in a reserved equity seat.

Persons with Disabilities If you are a person with a permanent disability, please check the box below. This will allow you to access reasonable accommodations to assist you with your studies.

- I have a permanent disability **Note:** Please book an appointment with a SIAST disability services counsellor to discuss documentation of your disability; accommodations for your studies will be addressed at this appointment. SIAST reserves a number of seats for persons with permanent disabilities.

Visible Minority

This information is collected for statistical purposes.

I am a member of a visible minority

6 ENGLISH PROFICIENCY

First Language _____

Proof of English proficiency is required of all applicants whose first language is not English. Please indicate which proof(s) of proficiency you plan to provide and the anticipated test date. You may check more than one.

- CAEL CanTest CLB CPE IELTS MELAB TOEFL
 University of Regina University of Saskatchewan Other _____

Anticipated test date(s) (dd/mm/yy) _____ | _____ | _____

For more information about demonstrating English proficiency, refer to our English Requirements web page at goSIAST.com.

7 DECLARATION

Declaration: SIAST recognizes and respects the importance of your privacy. Personal information that you provide to SIAST is collected, used and disclosed in accordance with *The SIAST Act* (1996) ("the Act") and *The Local Authority Freedom of Information and Protection of Privacy Act* ("LAFOIP") to perform SIAST's duties under the Act; for administrative and statistical purposes; and as outlined in SIAST's Privacy Statement (online at: goSIAST.com). Identified purposes for SIAST's use and disclosure of your information include: academic programming; taxation; determination of eligibility for alumni benefits; administering development and alumni operations; and providing access to services offered by SIAST and/or your Student Association (including administration of a student health and dental insurance plan). Questions about SIAST's privacy practices should be directed, in writing, to SIAST's Privacy Head (by mail at: 400-119 4th Ave. S Saskatoon SK S7K 5X2 or by e-mail at: privacyhead@siast.sk.ca).

Acknowledgment: In signing this form, I acknowledge my consent to SIAST's use and disclosure of my personal information as outlined above.

I hereby certify that all the information on this form is true and complete. I understand that false information may result in cancellation of my admission or status as a registered student. I agree to abide by SIAST rules and regulations, including payment of fees.

Signature _____

Date _____

IMPORTANT APPLICATION INFORMATION

Submitting Applications

- A non-refundable application fee of \$50.00 must be submitted with each application for admission. Please make cheques payable to SIAST.
- Applicants may apply for more than one program provided a separate application form and required documentation and fees are submitted with each application.
- International applicants must complete the International Student Application for Admission form.
- Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) applicants must complete the SCBScN Application for Admission.
- Once your application has been received and processed, you will receive a letter and further information about the status of your application. Please be sure to advise Registration Services of any change in your contact information.

Transcripts

Applicants must arrange for final, official transcripts to be sent to SIAST Registration Services directly from the institution or organization maintaining official records. Transcripts will not be accepted directly from students. High School transcripts are not required for the following specific programs in the Nursing division: Advanced Certificate programs including Diabetes programs, Re-entry programs, and Orientation to Nursing in Canada for Internationally Educated Nurses.

- If you are currently enrolled in any high school courses, you must have your Principal or Guidance Counsellor complete our **Preliminary Statement of High School Standing** form for programs using the First Qualified / First Admitted admission method (provided on page 4 of this application). If you are applying to one of our designated high-demand programs, you must submit a completed **High-Demand Programs Preliminary Statement of High School Standing** (available on each high-demand program web page).
- If you are applying to a program for which you already meet admission requirements (i.e. Grade 10), arrange for official transcripts only. A conditional admission can be granted based on preliminary results. *You must arrange for a final official transcript to be sent directly to Registration Services before August 1* (see below).
- For official Saskatchewan Grade 10, 11, 12 and Adult 12 results, please arrange for an electronic copy of your transcript to be forwarded directly from the Ministry of Education (www.education.gov.sk.ca/transcripts).
- For official Saskatchewan Grade 10 and 11 Basic Education and GED transcripts, please arrange for an official transcript to be forwarded directly from the Ministry of Advanced Education, Employment and Immigration (www.aeei.gov.sk.ca/abe).
- For high school education completed outside of Saskatchewan, please arrange for an official transcript to be sent directly from the Department of Education or other official office maintaining such records.
- Postsecondary transcripts need only be sent if (a) you are being considered under special admission; (b) you are applying for transfer credit; or (c) you are applying to a program that requires postsecondary course(s) for admission. These must be sent directly to Registration Services by the institution.

English Proficiency

Proof of English proficiency is required of applicants whose first language is not English, and for applicants who completed secondary education in a school where English was not the primary language of instruction and examination. SIAST has approved a number of ways for applicants to provide evidence of proficiency. Official transcripts or test scores must be provided.

Special Admission

Applicants who do not possess the academic qualifications for a program may be admitted if evidence of probable success can be established through a special admission assessment. Applicants who do not meet regular admission requirements may be considered for special admission to some programs. The following criteria are used for evaluation of special admissions applications:

1. SIAST uses ACCUPLACER as its official placement assessment tool. Cut scores have been established for most SIAST programs.
2. Previous successful completion or partial completion of post-secondary certificates, diplomas and degrees from recognized institutions are indicators of student success and will be considered.
3. Where applicable, specific prerequisite course requirements must be met in order to be admitted under special admission.
4. Home-based learners are encouraged to refer to the SIAST web site for specific admission information.

CAMPUS MAILING ADDRESSES

Kelsey Campus

Box 1520
Idylwyld Drive & 33rd St
Saskatoon SK S7K 3R5
Toll Free: 1-866-goSIAST

Palliser Campus

Box 1420
Saskatchewan St & 6th Ave NW
Moose Jaw SK S6H 4R4
Toll Free: 1-866-goSIAST

Wascana Campus

Box 556
4500 Wascana Parkway
Regina SK S4P 3A3
Toll Free: 1-866-goSIAST

Woodland Campus

Box 3003
1100 - 15th St East
Prince Albert SK S6V 6G1
Toll Free: 1-866-goSIAST

Preliminary Statement of High School Standing



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If you are applying to one of our designated high-demand programs you must submit a completed High-Demand Programs Preliminary Statement of High School Standing (available on each high-demand program web page).

Please Note

- This preliminary statement form should only be used by applicants who are currently enrolled in high school classes.
- List all final Grade 10, 11 and 12 marks.
- If the student is currently taking Grade 12 courses, check appropriate semester column(s) when 30 level subject is being taken.
- Original transcripts verifying completion of Grade 12 admission requirements must be sent **electronically** to SIAST by the Ministry of Education by August 1.

PART 1 STUDENT (To be completed by student)

Surname		Given Names		Date of Birth Day Month Year		
Present Address				Sask. Education Student Number		
City or Town		Province		Postal Code		
SIAST Program You Are Applying To						

PART 2 SCHOOL OFFICIAL (To be completed by school official)

Level 10 Courses (Grade 10)	Final Marks	Level 20 Courses (Grade 11)	Final Marks	Level 30 Courses (Grade 12)	Final Marks	Indicate Level 30 Courses Being Taken		
						Sem. I	Sem. II	Non-Sem.
English/ELA A10		English/ELA 20		English/ELA A30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English/ELA B10		Mathematics 20		English/ELA B30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics 10		Biology 20		Mathematics A30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science 10		Chemistry 20		Mathematics B30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies 10		Physics 20		Mathematics C30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French 10		French 20		Biology 30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Social Studies 20		Chemistry 30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Physics 30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				French 30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Social Studies 30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Computer Science 30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This Student: will complete Grade 12 by June has completed Grade 12 is upgrading

School Name _____

Address _____ City/Town _____

Postal Code _____ School Phone _____

Printed Name _____ Position _____

Signature _____ Date _____

School Seal

Address all correspondence to the Registration Services office at the appropriate campus.

Kelsey Campus
Box 1520
Idylwyld Drive & 33rd St
Saskatoon SK S7K 3R5
Toll Free: 1-866-goSIAST

Palliser Campus
Box 1420
Saskatchewan St & 6th Ave NW
Moose Jaw SK S6H 4R4
Toll Free: 1-866-goSIAST

Wascana Campus
Box 556
4500 Wascana Parkway
Regina SK S4P 3A3
Toll Free: 1-866-goSIAST

Woodland Campus
Box 3003
1100 - 15th St East
Prince Albert SK S6V 6G1
Toll Free: 1-866-goSIAST