



## 4 PREVIOUS AND CURRENT EDUCATION

A complete listing of primary, secondary and post-secondary education is required. If additional space is needed, please record on a separate piece of paper and attach it. Initial consideration can be based upon faxed, photocopied, or unofficial transcripts. **Official transcripts of your education, both high school and post-secondary, must be sent to SIAST before admission can be finalized.**

Name of Institute, School, College, University	City, Country	From mo. yr	To mo. yr	Certificate/Diploma/Degree Obtained or Expected	Date mo. yr	Language of Instruction

## 5 EDUCATION EQUITY

**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.

## 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](http://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](http://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](mailto: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 \_\_\_\_\_

Please return the application form with the **non-refundable application fee of \$100.00 Canadian** to:

SIAST Business Development and International Partnership  
 400-119 4th Ave South  
 Saskatoon, Saskatchewan  
 Canada S7K 5X2

