



**SIAS**

SASKATCHEWAN INSTITUTE OF  
APPLIED SCIENCE AND TECHNOLOGY

# CONFIRMATION OF ENROLMENT

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THE STUDENT MUST COMPLETE A CONSENT FORM IN ORDER FOR SIAS TO RELEASE THIS INFORMATION DIRECTLY TO A THIRD PARTY.

This form will be completed by SIAS in lieu of forms used by individual agencies

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **SIAS ID:** \_\_\_\_\_

This is to confirm that the above named person: \_\_\_\_\_ is registered **OR** \_\_\_\_\_ is expected to register

In semester \_\_\_\_\_ of the \_\_\_\_\_ - semester,  
\_\_\_\_\_ program  
at SIAS \_\_\_\_\_ campus

Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_

This individual is registered, or is expected to register:

- Full Time (60% to 100%)
- Part Time (less than 60%)
- In a Co-operative Education Work Term

\_\_\_\_\_  
*Registrar or Designate*