



SAIT Application for Admission

MA211, Heritage Hall
 1301 - 16 Avenue NW, Calgary, AB, T2M 0L4
 Phone: 403.284.7248 Fax: 403.284.7112
 Toll Free: (North America only) 877.284.7248
 E-mail: advising@sait.ca International Students: international@sait.ca
 Web: sait.ca

Please print and complete form in full.

Legal Last Name:		Former Last Name (if applicable):	
Legal First Name:	Middle Name:	Preferred Name:	
Mailing Address:			
Town/City	Province/Territory	Postal Code	Country
Home Phone Number (area code) ()	Cellular Phone Number (area code) ()	Business Phone Number (area code) ()	
Email Address	Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/>		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth (dd/mm/yy)	Primary Language:	If you wish to declare aboriginal ancestry, please indicate: Status Indian/First Nations <input type="checkbox"/> Non-Status Indian/First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/>	
Country of Citizenship	Citizenship Status: Canadian <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Student Visa <input type="checkbox"/> Visitor Visa <input type="checkbox"/> Work Visa <input type="checkbox"/>		Date of Entry <small>(into Canada)</small> (dd/mm/yy)
Country of Residence	Emergency Contact (Name)	Emergency Contact Telephone Number ()	
Activity During Previous 12 months Student <input type="checkbox"/> Working <input type="checkbox"/> Other: _____		Location of Activity During Previous 12 months Alberta <input type="checkbox"/> Other Provinces <input type="checkbox"/> Outside Canada <input type="checkbox"/>	
Alberta Student Number (ASN)	Please Note: If you do not know your Alberta Student Number (ASN), or if you do not yet have an ASN, please visit: education.gov.ab.ca/learning/student-services/ASNlookup/		
Last High School Attended (in Canada or other countries)			
Town/City	High School Status Attending <input type="checkbox"/> Graduate <input type="checkbox"/> Incomplete <input type="checkbox"/> Last Year Attended _____		
Previous Post-Secondary Institute	Period of Study Start Date (MM/YY) to End Date (MM/YY)		Level of Academic Achievement
	to		
	to		
	to		
SAIT Program Desired			SAIT Student Number*
Do you wish to be considered for transfer credit? Yes <input type="checkbox"/> No <input type="checkbox"/>			
When do you wish to begin attending? Year: _____ Month: _____ Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Other <input type="checkbox"/> Please specify: _____			
Have you previously attended or applied to a SAIT full-time program or continuing education course? If yes, please indicate: Year: _____ Program: _____			
Program Delivery (if applicable): Online <input type="checkbox"/> Part-time (evenings) <input type="checkbox"/>			

* Please Note: You may already have a nine-digit student number. This number would be on any correspondence that Student Services has sent to you.

Self-declared Grades

If you are currently registered in high school or upgrading admission requirements, you may self-declare your anticipated final grades. To self-declare, please refer to the admission requirements for the program you are applying to and complete the chart below, providing your expected final grade(s). For more information, please visit sait.ca.

Subjects	Date course will be complete	Anticipated Grade
Example: English Language Arts 30-1	June 24, 2009	70%

Students enrolled in high school or upgrading courses from another province, or students upgrading through Alberta post-secondary institutions should refer to the Alberta Transfer Guide at acat.gov.ab.ca to ensure courses are acceptable for admission. Students should also refer to the online calendar at sait.ca/academiccalendar for up-to-date admission requirement information.

Please Note: All final grades must be received no later than **August 1** for the fall intake, by **December 1** for the winter intake and by **April 1** for the spring intake. Self-declared grades will need to be verified on or before these transcript deadlines.

Application fee: \$100 Canadian citizens/permanent residents	\$200 International students (first application)
Payment Method	
Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque (made payable to SAIT) <input type="checkbox"/> Money Order (made payable to SAIT) <input type="checkbox"/> Cash (in person only) <input type="checkbox"/>	
Credit Card Number: _____	Expiry Date (MM/YY): _____

Applicant Check List

- | | | |
|--|--|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Mid-term Grades (where available) | <input type="checkbox"/> Application Fee (Non-refundable/ Non-transferable) |
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> Self-declaration of Grades | |

If the above documentation is not available at the time of application, please mail or fax to SAIT as soon as possible.

How did you hear about SAIT?

- | | | |
|--|--|---|
| <input type="checkbox"/> Recruitment/Career Fair | <input type="checkbox"/> Agent | <input type="checkbox"/> Website: _____ |
| <input type="checkbox"/> Advertisements | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> SAIT Alumni | <input type="checkbox"/> Trade Show | |
| <input type="checkbox"/> Current SAIT Student | <input type="checkbox"/> High School | |

ABORIGINAL STATEMENT

Alberta Advanced Education and Technology is collecting this personal information pursuant to section 33(c) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. Information will also be shared with the Chinook Lodge Aboriginal Resource Centre on the SAIT campus in order to improve Aboriginal learner success. For further information or if you have questions regarding the collection activity, please contact the Office of the Director, Business Operations and Reporting, Post-secondary Excellence Division, Alberta Advanced Education and Technology, 10155-102 Street, Edmonton, AB, T5J 4L5, (780) 427-7145 or your institution's Registrar's Office.

FOIP NOTIFICATION STATEMENT

The personal information you provide on the application form is collected under the authority of the Post-Secondary Learning Act of Alberta, the Freedom of Information and Protection of Privacy Act of the Province of Alberta, Section 33(c), the Statistics Act (Canada), and the Taxation Act (Canada). It will be used to determine your eligibility for admission to program(s)/course(s) of studies at SAIT, to facilitate your enrolment, to contact you regarding SAIT programs and services, to administer and evaluate Institute programs/courses, and for statistical purposes. It will form part of your record as an applicant and alumnus and will be disclosed to academic and administrative units at SAIT and to Statistics Canada and Alberta Learning for statistical, funding, planning, and market research purposes, and to the Students' Association of SAIT and the SAIT Alumni Association for contact purposes and membership services. This information will also be maintained in a mailing list for direct marketing purposes, market research surveys or the distribution of other promotional material as approved by the Director of Student Services. Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed on request. If you have any questions about the collection or use of this information, contact the Student Services' FOIP representative at 403.284.8069.

DECLARATION OF APPLICANT

I hereby declare that all information given on this application is true and complete. I understand that completion of this application allows SAIT to request from other institutions any applicant's transcripts in addition to those already submitted. I understand that SAIT reserves the right to cancel any admission ruling on medical or other grounds. I also understand that any misrepresentation on my part may result in cancellation of my admission or registered status. If admitted, I shall comply with the rules and regulations of the Institution and agree to any penalty assessed for non-compliance with same.

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.

Agent/Person Signature: _____ Date: _____

Agent/Person Name: _____

Applicant Signature: _____ Date: _____