

**For Office Use Only:**

Accepted  PTA  
 Conditionally Accepted  
 Waitlisted  Part Time  
 Denied  
 Start/Status Date: \_\_\_\_\_

## APPLICATION/ENROLMENT FORM

**Program/Service:** \_\_\_\_\_ **Program Date:** \_\_\_\_\_  
Name of Program/Service

**Identify type of program/service**

- Technical Training
- SIAST (SCN-Televised)
- University (circle all that apply): Univ. of Sask, Univ. of Regina
- Basic Education
- Literacy
- Other: \_\_\_\_\_

**Program/Service Location:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First and Middle Names:** \_\_\_\_\_  
(Please print) (Given Names)

Female  Male

**Birthdate:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
day month year

**Permanent Mailing Address**

P.O. Box: \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Address While At School (if different)**

P.O. Box: \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

E-mail address: \_\_\_\_\_

**How did you become aware of this program or course? (check one)**

- Career Day
- College Staff
- Friend or Relative
- Presentation
- Newspaper
- Program Brochure
- Radio
- TV
- Trade Show
- Web Page

**(Please attach an official Department of Education high school transcript)**

Transcript is:  Enclosed  Forthcoming (Note: transcript necessary for Basic Education and Technical Programs only)

	Name of School and Place	Highest Grade or Term Completed	Last Attended (Month and Year)
<b>Last Secondary School Attended BE, GED, High School</b>			
<b>Regional College or Technical Institute</b>			
<b>Other</b>			

**Citizenship Status:**

- Canadian Citizen  Landed Immigrant
- Foreign Student  Foreign Worker

**Marital Status:**

- Single  Married  Separated
- Divorced  Common Law  Widowed

**Country of Citizenship:** \_\_\_\_\_ **Number of dependents:** \_\_\_\_\_  
(If not Canadian)

**If sponsored, which agency is sponsoring you:** \_\_\_\_\_  
(Agency must submit a Cumberland College Sponsorship form)

**Emergency Contact Information: (next of kin)**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**OVER**

**In the 12 months prior to this application were you mainly residing:** (check one)

- In Saskatchewan       In another province       Outside Canada

**Main activity in the 12 month period prior to this application:** (check one)

- Working  
 Full time student in a university program  
 Full time student in the same SIAST program  
 Full-time student in a different SIAST program  
 Full time student in a two-year diploma or a one-year certificate program  
 Full-time student in studies other than above  
 Full time student in high school  
 Unemployed/Looking for Work  
 Other \_\_\_\_\_

**Highest Prior Education Experience:** (check one)

- Completed University  
 Previously enrolled in University but did not complete  
 Completed a two-year diploma program  
 Previously enrolled in a two-year diploma program but did not complete  
 Completed high school or Adult 12  
 Completed GED  
 Completed some high school  
 Completed elementary school  
 Did not complete elementary school

**The following information is voluntary. It will be used for statistical purposes only.**

Check all that apply:

- I am of First Nations Ancestry. (Status)       I am of Metis Ancestry.  
 I am of First Nations Ancestry. (Non-Status)       I am a person with a disability.  
 I am a member of a visible minority (Other than First Nations or Metis)  
 None of the above applies.

## CLIENT DECLARATION

The information on this form is collected under the legal authority of the Regional Colleges Act 1988 and the *Freedom of Information and Protection of Privacy Act*. The information is used for administrative and statistical purposes by Cumberland Regional College and/or Ministries and Agencies of the Saskatchewan Government and the Government of Canada. If you have any questions about the collection or use of this information please contact the Registrar, Cumberland Regional College.

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

I further consent for Cumberland Regional College to disclose and release personal information to \_\_\_\_\_ for the purposes related to the administration of educational services  
(sponsoring agency)  
and programs for my benefit.

\_\_\_\_\_  
**Applicant Signature**  
(Please sign in ink)

\_\_\_\_\_  
**Date**

**NIPAWIN OFFICE**  
Box 2225 S0E 1E0  
PH: 862-9833  
FAX: 862-4940

**MELFORT OFFICE**  
Box 2320 S0E 1A0  
PH: 752-2786  
FAX: 752-3484

**TISDALE OFFICE**  
Box 967 S0E 1T0  
PH: 873-2525  
FAX: 873-4450

**HUDSON BAY OFFICE**  
Box 207 S0E 0Y0  
PH: 865-2175  
FAX: 865-2314