SAIT Office of the Registrar

Anticipated Final Grades

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Email: **admissions@sait.ca**

Please complete sections A to C.

A) Personal Information

Alberta Student Number (If known)	Student ID Number (If known)	
Last Name	First Name	Middle Name
Email Address		Date of Birth (DD/MM/YY)
Address		City/Town
Province	Country	Postal Code

Preferred Number ☐ Home ☐ Cellular ☐ Business	Alternate Number ☐ Home ☐ Cellular ☐ Business	Anticipated start date in program at SAIT.

B) Anticipated Final Grades

Subjects	Anticipated Grade %
Example: English Language Arts 30-1	**70%**

C) Signature

By completing this form, I am stating that I will achieve the grades I have listed above. I understand all offers of admission will be conditional and subject to review upon receipt of final grades. I understand I must submit final transcripts by **August 1** for the fall semester, **December 1** for the winter semester and **April 1** for the spring semester.

I also understand that if I do not meet or exceed my anticipated final grades, it could result in the conditional offer being withdrawn.

I, _____ agree to the terms above. ☐ I agree

Signature _____ Date _____

Note: If you have applied to more than one program, you will only need to complete this form once. Your anticipated final grades will be used for all current applications.

Make sure to check your application status by logging into mySAIT.ca, and clicking on the myApplication tab!

D) FOIP Statement

The personal information you provide on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act of the Province of Alberta, Section 33(c). This information will be used to process your application for SAIT. If you have any questions about the collection or use of this information, contact the Office of the Registrar' FOIP coordinator at 403.284.8069.