

AA211, Heritage Hall 1301 - 16 Avenue NW Calgary, AB T2M 0L4 Phone: 403.284.7248 Toll-free: 1.877.284.7248 Fax: 403.284.7112 Email: **records@sait.ca** 

Policy Reference: AC.3.1.1

## Please complete sections A to C. \*Submit to the Office of the Registrar no sooner than 90 days prior to term

Personal Information		· · · · · · · · · · · · · · · · · · ·				
Date			Student ID Number			
Last Name		First N	ame		Middle Name	
Address		City			Province	
Preferred Phone Number	Home Cellular Business	Alternate Phone Number		Home Cellular Business	Postal Code	
Email Address		<u> </u>				
B) Program Information						
Program)			In what term and year do you intend to return to the program? (ex. Fall 2025, Spring 2026 etc)			
Concentration/Major						
Term Fall (Sept - Dec) Winter (Jan-Apr	Spring (May-June) Su	ummer (July-Aug)				
Were you academically withdrawn from th	e program?					
Yes No						
C) Student Acknowledgment						
<ul> <li>I have completed one full semester, a</li> <li>If I have taken no more than 3 semester requirements. Submit the form 90 day</li> <li>If I return to my program after having be withdrawn from SAIT for a period of withdrawn.</li> <li>Please refer to Policies &amp; Procedures</li> </ul>	ers break from the program, I sh s prior to start of the semester. eeen <b>academically withdrawn</b> fo <sup>i</sup> up to five years and return on a	ould consult with the prog r the first time, I will returr icademic probation. Subm	ram's Academic Chair/Co on academic probation.	If I am academically wit	hdrawn a subsequent time, I will	
Student Signature				Date		
D) Academic Approval Required						
I authorize registration of the above-mentic	ned student in the following	Term				
Yes No Authorizing person's name:		Fa	ll (Sept - Dec) Wint	er (Jan-Apr) Spring	; (May-June) Summer (July-Aug)	
Year of study	Semester of study	Block	egistration	Block c	ode	
Graduation requirements based on:	I	I		I		
Original admission year Current	year Other:					
cademic Chair (or Earned Revenue Coordinator)** Signature				Date		
* E) Submission Information	I					
If you are returning from an academic Fall - September, submit July 1 Winter - January, submit November 1 Spring - May, submit March 1 Summer - July, submit May 1	withdrawal, submit your int	ent to Return , as follow		g after 2 semesters ar your Intent to Return	nd no more than 3 90 days prior to semester	

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 process your intent to return. If you have any questions about the collection or use of this information, contact the FOIP Coordinator at Southern Alberta Institute of Technology at 1301 16 Avenue NW, Calgary, AB T2M 0L4 or by email at **foip. coordinator@sait.ca**.