



# Intent to Return

Policy Reference: [AC.3.1](#)

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](mailto:records@sait.ca)

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

### A) Personal Information

Date		Student ID Number		
Last Name		First Name		Middle Name
Address		City		Province
Preferred Phone Number	Home Cellular Business	Alternate Phone Number	Home Cellular Business	Postal Code
Email Address				

### 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)    Summer (July-Aug)				
Were you academically withdrawn from the program? Yes                      No				

### C) Student Acknowledgment

I have completed one full semester, and have been inactive for one or more semesters. I understand that:

- If I have taken a year or longer break from the program, there could be changes to my graduation requirements. I should consult with the program's Academic Chair/Coordinator to identify changes to graduation requirements.
- If I return to my program after having been academically withdrawn, I will return on academic probation. If I am academically withdrawn a subsequent time, I will be withdrawn from SAIT for a period of up to five years.

Please refer to [Policies & Procedures - AC.3.1.1](#) and [AC.3.1.1 Schedule A](#)

Student Signature	Date
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### D) Academic Approval Required - Submit to the Office of the Registrar no sooner than 90 days prior to term start.

I authorize registration of the above-mentioned student in the following		Term					
Yes	No	Authorizing person's name:		Fall (Sept - Dec)	Winter (Jan-Apr)	Spring (May-June)	Summer (July-Aug)
Year of study	Semester of study	Block registration		Block code			
Graduation requirements based on: Original admission year    Current year    Other:							
Academic Chair (or Earned Revenue Coordinator)**		Signature		Date			

### E) Payment Information

**Fee: \$125**

This fee will be added to your mySAIT.ca account after your request is processed. You will have two business days to make your payment through mySAIT.ca or one of our [approved online payment options](#). Failure to pay will result in the request being cancelled. We are unable to accept payments in person, over the phone or by email. Review payment options (<https://www.sait.ca/tuition-and-financialaid/payment-options>) to find our acceptable online payment methods. **Do not include your credit card information in the email you will send to the Office of the Registrar.**

### 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](mailto:coordinator@sait.ca).