



Application for Admission

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: admissions@sait.ca

Please complete sections A to E & G.

A) Personal Information

Alberta Student Number (If known)		Student ID number (If known)		
Last name		First Name		Middle Name
Former Name(s)		Preferred First Name		
Birth Date (MM/DD/YYYY)		Gender Male Female		
Address				
City		Province		Country
Preferred Number		Alternate Number		Postal Code
		Home Cellular Business		Home Cellular Business
Email				Primary Language
If you wish to declare Aboriginal ancestry, please indicate First Nations Métis Inuit		Citizenship Status Canadian Permanent Resident Refugee Student Visa Visitor Visa Work Visa		
Country of Citizenship		Date of Entry (DD/MM/YY)		
Emergency Contact Name		Emergency Contact Phone		

B) High School Information

Last high school attended (in Canada or other countries)	
Town/City/Country	Last year attended

C) Post-Secondary Information

Institute name	Period of Study to	Level of academic achievement
Institute name	Period of Study to	Level of academic achievement
Institute name	Period of Study to	Level of academic achievement

D) Program Information

Desired program	
Program start? Year Month	Term Fall Winter Spring Other:
Have you previously attended or applied to a SAIT full-time or continuing education course? Yes No	If yes Year Month
Program delivery (if applicable) Online Part-time (evenings)	

E) Anticipated Final 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	Anticipated Grade
Example: English Language Arts 30-1	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. Anticipated final grades will need to be verified on or before these transcript deadlines.

F) Payment Information

Fee: \$175

If you send a request by email or fax, Office of the Registrar will contact you to collect your credit card information. Please note that your request will not be processed until payment is received, so make sure you provide a preferred phone number at which you can be reached.

Acceptable forms of payment are Visa, MC, Debit, Cheque, Money Order or Cash. **Do not include your credit card information in the email or fax.**

Applicant Check List

Completed Application	Mid-Term Grades (where applicable)	Application Fee (Non-refundable/Non-transferable)
Transcripts	Anticipated Grades	

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

G) FOIP Statement and signatures

ABORIGINAL STATEMENT

Alberta Enterprise and Advanced Education is collecting this personal information pursuant to section 33(c) of the Freedom of Information and Protection 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 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 Enterprise and Advanced Education 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 Office of the Registrar. 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 Office of the Registrar's 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
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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