

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

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							
		Student ID Number					
Last Name			First Name		Middle Name		
Address			City		Province		
		1011				D 116 1	
Preferred Number	Home Cellular	Alternate Numbe	r		Home Cellular	Postal Code	
Email Address	Business				Business		
Linaii Addiess							
B) Program Information							
Program			When do you intend to return to the program?				
Concentration			Year?				
When did you last attend SAIT?			Term				
			Fall (Sept - Dec)	Winter (Jan-Apr)		(May-June)	Summer (July-Aug)
In which semester did you stop attending?			Were you academically		rogram?		
			Yes	No			
C) Student Acknowledgment							
I have completed one full semester, and have been in						10 20 01	/ 0
 If I have taken a year or longer break from the pro Chair/Coordinator to identify changes to graduati 		U	es to my graduation r	equirements. I snot	JIA CONSL	lit with the p	rogram's Academic
If I return to my program after having been acade			urn on academic prob	ation If I am acade	mically v	vithdrawn foi	r a second time I
will be permanently withdrawn from SAIT.	iiiicaiiy vvici	narawn, r wiii rec	arri ori acadernic prob	ation. Il Tam acadei	illically v	vicialavviiioi	a second time, i
Please refer to Policies & Procedures - AC 3.1.1							
Student Signature			Date				
D) Academic Approval Required - Submit to the Office	of the Reg	ristrar no sooner	than 90 days prior to	term start.			
I authorize registration of the above-mentioned student in the following			Term				
			Fall (Sept - Dec)	Winter (Jan-Apr)	Spring	(May-June)	Summer (July-Aug)
Year of study Semester of stud	ly		Block registration		Block co	ode	
Graduation requirements based on:					Assign T	ime Ticket	
Original admission year Current year Other:					Yes	No	
Academic Chair (or Earned Revenue Coordinator)** Signature				Date			
E) Payment Information							
Fee: \$120							
It can take up to four business days to process reque	sts at which	h time the fee w	ill he added to your m	NSΔIT ca account C	Ince the	fee has hoon	added to your
account, you will have two business days to make yo							

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 403.284.8748.

of payment are Pre-authorized debit, Credit card, PayMyTuition (for international students to pay in your home currency), CIBC International Student Pay. Do not include your credit card information in the email or fax. Beginning July 30, 2020 a 2.5% service fee will be charged on all credit card payments and a 1.5% service

fee will be added to all Visa Debit and MasterCard Debit transactions. These service fees are non-refundable.

Records updated by	Date