

### 1. Name (Full Legal)

Last (Family) Name		First Name		Middle Name
Preferred Name (If different from First Name)	Have you applied for admission to the university before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you attended the university before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what is your U of S Student Number (if known)	

### 2. Mailing Address

All correspondence from this office will be sent to this address. If you change your address, you must notify the Admissions office of your new address and the date when you will be relocating.

Apartment No., Street, Box Number				
City/Town		Province	Postal Code	Country
Telephone Number – Canada and U.S. Only (Include area code)			Email	

### 3. Personal Information

Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Are you a citizen or permanent resident of Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate your citizenship status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Non-Canadian Citizen <input type="checkbox"/> Permanent Resident	
If you are a permanent resident as defined by Citizenship and Immigration Canada, please indicate the date you became a permanent resident of Canada. (mm/dd/yyyy)		Grade currently enrolled in	Expected high school graduation date (mm/dd/yyyy)	

If you would like to give a third party (family member or representative) access to your application information and the ability to make inquiries on your behalf, including whether or not you have been admitted, your permission is required. **Do you consent to the release of information concerning your application during the application evaluation period?**

Yes  No

**If yes**, please enter the full legal name of the person and his/her relationship to you.

Full Name		Relationship to Applicant	Email		
Apartment No., Street, Box Number		City/Town	Province	Postal Code/Zip Code	Country

### 4. Parental Permission

*I hereby grant permission for my child to enrol at the University of Saskatchewan.*

Child's name	Parent or guardian signature	Date (mm/dd/yyyy)
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## 5. School Consent

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I hereby recommend the following to enrol at the University of Saskatchewan.

Child's Name	School Official Signature	Date (mm/dd/yyyy)		
Name of School	Email	Telephone		
Address	City/Town	Province	Postal Code	Country

## 6. Applicant Declaration

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I agree, if admitted to the University of Saskatchewan, to comply with the regulations of the university. I certify that the information I have provided on this application is true and complete in all respects and that no relevant information has been withheld.

Applicant signature	Date (mm/dd/yyyy)
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## 7. Payment of Fees

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Please indicate how you will pay for the \$90 CAD non-refundable application fee. Application fee payment is required before your application will be processed. Cheques or money orders should be made payable to the University of Saskatchewan.

- Cheque**
- Money Order**

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**Completed application forms must be submitted to:**

Department of Computer Science ■ 176 Thorvaldson Building ■ 110 Science Place ■ University of Saskatchewan ■ Saskatoon, SK S7N 5C9 Canada ■ Tel: 306-966-6513