

BUSINESS DIPLOMASPECIALTY SELECTION

SASKATCHEWAN POLYTECHNIC Moose Jaw Campus Saskatchewan St and 6th Ave NW PO Box 1420 Moose Jaw SK S6H 4R4 Fax 306-691-8578 RegInbox.MooseJaw@saskpolytech.ca

Students who submit their specialty selection by the last business day in March will be guaranteed the specialty of their choice.

Note: Students who select one of our Live Streaming Video (LSV) options cannot be guaranteed a spot because seats are limited. Make your selection as soon as possible.

PERSONAL INFORMATION				
Last Name		First Name	Middle Name	
Saskatchewan Polytechnic Student Number		Current Phone Number (while	Current Phone Number (while attending school) (area code required)	
Permanent Mailing Address		City or Town	City or Town	
Province	Postal Code	Email Address	Email Address	
Signature		Date	Date	
SECOND YEAR SPECI	ALTY			
participate in the co-		would like to be registered. If your specialty, please indicate be about co-operative education.	oelow. You will have another	
Accountancy	☐ With Co-Op☐ Indicate if for Accountancy in Saskatoon (LSV delivery)			
(ACCT 125 is a p	re-requisite to most 2nd year cours	ses)		
O Financial Service	es			
O Human Resourc	es 🔲 With Co-Op			
O Insurance				
O Management	☐ With Co-Op	☐ With Co-Op		
○ Marketing	☐ With Co-Op (Co-Op is not available in Saskatoon) ☐ Indicate if for Marketing in Saskatoon (LSV delivery)			
FOR OFFICE USE ONLY				
Date Received:	R	Representative (please print):		
Time Received (if after M	larch 71):			