



STUDENT LOAN DUAL REGISTRATION FORM

**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

**SASKATCHEWAN POLYTECHNIC
Prince Albert Campus,
Technical Building**
PO Box 850
Prince Albert SK S6V 5S4
Fax 306-765-1838
RegInbox.PrinceAlbert@saskpolytech.ca

**SASKATCHEWAN POLYTECHNIC
Regina Campus**
4500 Wascana Pky
Regina SK S4S 5X1
Fax 306-775-7760
RegInbox.Regina@saskpolytech.ca

**SASKATCHEWAN POLYTECHNIC
Saskatoon Campus, Idylwyld Dr.**
1130 Idylwyld Dr N
PO Box 1520
Saskatoon SK S7K 3R5
Fax 306-659-4067
RegInbox.Saskatoon@saskpolytech.ca

THIS FORM MAY BE USED FOR SASKATCHEWAN POST-SECONDARY INSTITUTIONS AND ATHABASCA UNIVERSITY. COMPLETE AND RETURN IT TO SASK POLYTECH ENROLMENT SERVICES.

STUDENT INFORMATION

Last Name	First Name	Middle Name
Saskatchewan Polytechnic Student Number	Social Insurance Number	
Apt. Number, Street, Box Number		
City or Town	Province	Postal Code

PERIOD(S) OF STUDY AT SASKATCHEWAN POLYTECHNIC

If you are admitted to a program at Sask Polytech, please state program name: _____

Course Name	Course #	# of Credits	Start Date	End Date	Tuition/Fees	Books/Supplies

PERIOD(S) OF STUDY AT OTHER POST-SECONDARY INSTITUTION

Name of Institution	Student Number
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Course Name	Course #	# of Credits	Start Date	End Date	Tuition/Fees	Books/Supplies

WITHDRAWAL FROM SASKATCHEWAN POLYTECHNIC COURSE(S) AND/OR OTHER INSTITUTIONS

Date of Withdrawal	Reason Given
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Course Name	Course #	# of Credits	Start Date	End Date

I hereby certify that all information provided is true and correct. I authorize the other post-secondary institution to release to Saskatchewan Polytechnic all pertinent information that they require.

Student Signature _____ Date _____

SASKATCHEWAN POLYTECHNIC ENROLMENT SERVICES USE ONLY Given the above certified information, Sask Polytech will consider the above-named individual to be a full-time Sask Polytech student for the period of _____.
Percentage of full course load for: Fall: _____ Winter: _____ Spring/Summer: _____
Special Instructions (if applicable): _____

Approved by _____ Date _____