



CONFIRMATION OF SPONSORSHIP FOR FULL-TIME PROGRAM STUDENTS FOR SPONSOR BILLING

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

SPONSORING AGENCY REPRESENTATIVE MUST COMPLETE THIS FORM

Saskatchewan Polytechnic Course or Program (include course code and number if applicable)	
Saskatchewan Polytechnic Campus <input type="checkbox"/> Moose Jaw Campus <input type="checkbox"/> Prince Albert Campus <input type="checkbox"/> Regina Campus <input type="checkbox"/> Saskatoon Campus	
Student Name (in full)	
Former Name (if applicable)	
Student ID No.	Student Birthdate (e.g., 03-Dec-1964)
Student Mailing Address	
Student Main Telephone (Area code required) <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell	Student Alternate Telephone (Area code required) <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell

SPONSOR BILLING INFORMATION

Sponsoring Agency or Employer	
Mailing Address	
Contact Name	Telephone Number (Area code required)
Fax Number (Area code required)	Email
The above named sponsoring agency or employer agrees to pay for the following <input type="checkbox"/> Tuition and Mandatory Fees* <input type="checkbox"/> Books and Supplies <input type="checkbox"/> Student Association Fees <input type="checkbox"/> Other Costs _____	

*This includes Health & Dental fee. Students may opt out through the Student Association.

DECLARATION

MAY 2021

Please accept this notice of sponsorship on behalf of the above named Saskatchewan Polytechnic student in order to reserve a seat in the above named Saskatchewan Polytechnic course or program. The form will be accepted in lieu of the course registration fee, or in lieu of the current seat deposit required for a Saskatchewan Polytechnic program.	
Sponsor Signature _____	Date _____