



CONTINUING EDUCATION/EXTENSION CONFIRMATION OF SPONSORSHIP

For Sponsor Billing

**SASKATCHEWAN POLYTECHNIC
Moose Jaw Campus**
Continuing Education Registration
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**
Continuing Education Registration
1100 15th St E
Prince Albert SK S6V 7S4
Fax 306-765-1838
RegInbox.PrinceAlbert@saskpolytech.ca

**SASKATCHEWAN POLYTECHNIC
Regina Campus**
Continuing Education Registration
4500 Wascana Pky
PO Box 556
Regina SK S4P 3A3
Fax 306-775-7760
RegInbox.Regina@saskpolytech.ca

**SASKATCHEWAN POLYTECHNIC
Saskatoon Campus, Idylwyld Dr.**
Continuing Education Registration
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

Student account details are protected under *The Local Authority Freedom of Information and Protection of Privacy Act* (LAFPIP). Saskatchewan Polytechnic will release personal or confidential information only at the request of the student (i.e., application, registration, academic, attendance, equity or financial information), through completion of a Consent form. See saskpolytech.ca > Admissions > Resources > Forms.

Saskatchewan Polytechnic Course or Program (include course code and number if applicable)	
Saskatchewan Polytechnic Campus <input type="radio"/> Moose Jaw Campus <input type="radio"/> Prince Albert Campus <input type="radio"/> Regina Campus <input type="radio"/> Saskatoon Campus	
Student Name (in full)	
Former Name (if applicable)	
Saskatchewan Polytechnic ID Number 000	Student Birthdate (e.g., 03-Dec-1996)
Student Mailing Address	
Student Main Telephone (Area code required) <input type="radio"/> home <input type="radio"/> work <input type="radio"/> cell	Student Alternate Telephone (Area code required) <input type="radio"/> home <input type="radio"/> work <input type="radio"/> 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 _____	

DECLARATION

SPRING 2017

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 _____