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# SASKATCHEWAN COLLABORATIVE BACHELOR OF SCIENCE IN NURSING ADMISSION CONFIRMATION

University  
of Regina

www.uregina.ca/futurestudents

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

**NOTE: If we do not receive this completed form within the number of days stated in your letter of offer, your application will be automatically withdrawn and your seat in the program will be made available to another candidate.**

Congratulations on the offer of admission you received to the Saskatchewan Collaborative Bachelor of Science in Nursing program, delivered in partnership between Saskatchewan Polytechnic and the University of Regina. To finalize your admission and reserve your seat in the program, you must confirm your acceptance. Complete this form and return it within the number of days stated in your letter of offer.

Return the completed form to Saskatchewan Polytechnic Saskatoon Campus, Idylwyld Dr. by mail, fax, or email, as indicated above.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Saskatchewan Polytechnic ID Number

\_\_\_\_\_  
Date of Birth

I **accept** this offer of admission to the **Saskatoon** location.

I **do not wish to accept** this offer of admission to the Saskatoon location at this time.

I understand that my application will be withdrawn.

\_\_\_\_\_  
*Please provide reason*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*