SASKATCHEWAN COLLABORATIVE BACHELOR OF SCIENCE IN NURSING



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ADMISSION CONFIRMATION

SASKATCHEWAN POLYTECHNIC
Regina Campus
4500 Wascana Pky
PO Box 556
Regina SK S4P 3A3
Fax 306-775-7760
RegInbox.Regina@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this completed form within the number of days stated in your letter of offer, your application will be automatically withdrawn and your seat in the program will be made available to another candidate.

Signature	Date
	Please provide reason
By accepting this offer, I understand that I will not be able to transfer to the regular SCBScN program.	
O I accept this offer of admission to the SCBScN program, bilingual option at the Saskatoon location.	I understand that my application will be withdrawn.
O I accept this offer of admission to the SCBScN program, bilingual option at the Regina location.	 I do <u>not</u> wish to accept this offer of admission to the SCBScN program, bilingual option at this time.
Saskatchewan Polytechnic ID Number	Date of Birth
	, not remo
ast Name	. ————————————————————————————————————
Return the completed form to Saskatchewan Polytechnic Regina	Campus by mail, fax, or email, as indicated above.
delivered in partnership between Saskatchewan Polytechnic and	d the University of Regina. To finalize your admission and reserve omplete this form and return it within the number of days stated in