



APPLICATION FOR GRADUATION

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
 1100 15th St E
 Prince Albert SK S6V 7S4
 Fax 306-765-1838
 RegInbox.Princealbert@saskpolytech.ca

SASKATCHEWAN POLYTECHNIC
Regina Campus
 4500 Wascana Pky
 PO Box 556
 Regina SK S4P 3A3
 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

SUBMIT THIS FORM IF YOU HAVE COMPLETED ALL THE COURSES REQUIRED TO GRADUATE FROM YOUR PROGRAM AND WANT TO BE AWARDED THE CREDENTIAL - AND YOU ARE:

- a student who has been admitted or re-admitted to a program that is delivered part time - graduation fee is not required
- a student who has not been admitted to a program (ie. unclassified) - graduation fee is required

STUDENT INFORMATION

Surname (last name)		Former Name (if applicable)	
First and Middle Names		Date of Birth (Day, Month, Year)	
Saskatchewan Polytechnic Student Number		Social Insurance Number (SIN) Your SIN may be required for tax exemptions and income tax receipts	
Apt. Number, Street, Box Number		City or Town	Province
Telephone (Home) (Area code required)		Country	Postal Code
Program Name			
Completion date of last course			

DECLARATION

It is my understanding that I have completed all the courses required for graduation.

Consent to Use and Disclose Personal Information: In accordance with *The Saskatchewan Polytechnic Act* ("the Act") and *The Local Authority Freedom of Information and Protection of Privacy Act* ("LAFOIP"), Saskatchewan Polytechnic collects, uses and discloses Personal Information to perform its duties under the Act; as permitted by LAFOIP; for administrative, marketing, financial and statistical purposes; academic programming; academic or other student counselling; taxation; determination of eligibility for benefits; development and alumni operations; providing access to services offered by Saskatchewan Polytechnic; to fulfill Saskatchewan Polytechnic's reporting obligations to federal and provincial governments; external placements that occur as part of your program; and email communications relating to marketing or promotion, market research, or user surveys about programs, services and products offered by Saskatchewan Polytechnic.

For further reference, see our Privacy Statement online (saskpolytech.ca) or contact Saskatchewan Polytechnic's Privacy Head (by mail at: 400-119 4th Ave S, Saskatoon SK S7K 5X2 or by email at: privacyhead@saskpolytech.ca).

Acknowledgment: In signing this form, I acknowledge my consent to Saskatchewan Polytechnic's collection, use and disclosure of my personal information, as outlined above.

Student Signature

Date

FOR FINANCE USE ONLY Date Payment Received: _____ Amount: _____ Receipt #: _____

FOR REGISTRATION SERVICES USE ONLY

Completion document: Certificate of Achievement Applied Certificate Certificate Advanced Certificate Post-Graduate
 Certificate Diploma Degree

Confirmed eligible by Program Head: _____
Signature

Confirmed eligible by Registration Services:

Signature *Date* *Awarded Date*

Reason Denied: _____