SPONSORED STUDENT
EXTENSION REGISTRATION FORM

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

SPONSOR SECTION

Saskatchewan Polytechnic Course or Program #1 (include course code and number if applicable)	PIC number
Saskatchewan Polytechnic Course or Program #2 if applicable (include course code and number if applicable)	PIC number
Saskatchewan Polytechnic Course or Program #3 if applicable (include course code and number if applicable)	PIC number

Sponsoring Agency or Employer	Email
Mailing Address	
Contact Name	Telephone Number (Area code required)

The above named sponsoring agency or employer agrees to pay for the following

☐ Tuition and Mandatory Fees ☐ Books and Supplies ☐ Students' Association Fees ☐ Other Costs _____

EMPLOYER DECLARATION

Please accept this notice of sponsorship on behalf of the named Saskatchewan Polytechnic student (below) in order to reserve a seat in the above named course(s) or program. This form will be accepted in lieu of the course registration fee or in lieu of the current seat deposit required for Saskatchewan Polytechnic programs. Payment of tuition will be the responsibility of the sponsor and is based on the number of seats that you hold. Fees may be applied to students who withdraw. Please view the tuition and fee policy #1214 that is located on our website.

Sponsor Signature _____ Date _____

STUDENT SECTION

Indicate the number of seats you wish to sponsor (no names required)_____, OR:

Student Name (in full)	Student Birthdate (e.g., 03-Dec-1996)
Former Name (if applicable)	Student Email

STUDENT DECLARATION

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; 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.

I hereby certify that all the information on this form is true and complete. I understand that false information may result in cancellation of my admission or status as a registered student. I agree to abide by Saskatchewan Polytechnic rules and regulations, including payment of fees.

Signature _____ Date _____

STUDENT CONSENT TO RELEASE INFORMATION TO SPONSOR

☐ I hereby permit Saskatchewan Polytechnic to **release** my personal information to the person(s) named below (Examples: parent, sponsor, licensing body)

This information shall **include only** the following type(s). (Check only as applicable):

☐ Admission/Registration ☐ Financial ☐ Academic Progress *(example: enrolment status)* ☐ Attendance ☐ Educational/Equity Provisions *(example: learning assistance, reserved seating)*

☐ Other _____

_____ _____

Applicant or Student Signature *Date*

_____ _____ _____

Witness Signature *(must be over 18 years of age and cannot be a parent, legal guardian or spouse)*

Witness Name *(please print)*

Witness relationship to applicant/student