University of Saskatchewan
Centre for Continuing & Distance Education

USCAD application for admission

Please complete the following—hand printed or typewritten

Last (Family) Name First Name Middle Name

Home Address

City/Province Postal Code

Home Phone Number Business Phone Number

Email Address (mandatory) Fax Number

Date of Birth

❑ Male ❑ Female

1. PAYMENT–non-refundable–$50

Cheques must be made payable to the University of Saskatchewan and accompany this form.

❑ Cheque ❑ VISA ❑ MC ❑ AMEX ❑ Cash

Card Number:

Expires_____/_____Cardholder Name:_____
please print

Signature:_____

3. PLEASE SELECT ONE:

❑ Full-Time Studies (12 months) ❑ Part-Time Studies (Max. 5 years)

4. HOW DID YOU LEARN ABOUT THIS PROGRAM?

❑ Community Arts Program/USCAD Program Calendar
❑ Leisure Guide
❑ Friend or Colleague
❑ Print Advertisement
❑ Website
❑ Teacher
❑ Other (specify)_____

I hereby certify the information provided on the application form is true and correct.

Date

Signature

MAIL TO:
Community Arts Program and USCAD Office, Centre for Continuing & Distance Education, Room 488 Williams Building, 221 Cumberland Avenue, N. University of Saskatchewan, Saskatoon, SK S7N 1M3

The personal information requested on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act for the purpose of registering students, contacting alumni and tracking enrolment statistics. Questions concerning the collection, use or disposal of this information should be directed to: USCAD Office, Centre for Continuing & Distance Education, Room 488 Williams Building, 221 Cumberland Avenue N. University of Saskatchewan, Saskatoon, SK S7N 1M3

2. EDUCATION

Please list the highest level of education achieved in high school, university, other post-secondary institution and other courses completed.

School/Institution	Degree/Diploma/Certificate and Major Field of Study	Year Completed
An official transcript must accompany your application for admission to USCAD		