

Graduate Retention Program

Application

Student Service Centre
1120 - 2010 12th Avenue
Regina, Canada S4P 0M3
306-787-5620
1-800-597-8278
Fax: 306-787-1608

Applications must be received by April 30th of the seventh year following the year of graduation.

Graduate Information

(Please print)

Last Name: _____ First Name: _____

Social Insurance Number (SIN):

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Date of Birth (dd/mmm/yyyy): _____ Gender: Male Female

Mailing Address (Your certificate will be sent to this address - typically in February):

Apartment No. _____ Street/Box No. _____

City/Town _____ Province _____ Postal Code _____

Home Telephone No.: _____ Work/Cell Telephone No.: _____

Email Address: _____

Date of Graduation (dd/mmm/yyyy): _____

Post-Secondary Education Information

If you have graduated from more than one program type, you will need to complete a separate application form for each program.

Program Type (check one): Journeyperson 3 Year Bachelor/Undergraduate Degree
 1 Year Certificate/Diploma 4 Year Bachelor/Undergraduate Degree
 2 or 3 Year Certificate/Diploma

Program Name: _____

School/Trade Certification Body Name: _____

School/Trade Certification

Body Address: _____
Street/Box No. _____ City _____ Province _____ Postal Code _____

Telephone No. of School/Trade Certification Body Official: _____

* Attach a copy of your certificate, diploma or degree, confirming you are a graduate from an eligible program of study. A copy of your Canadian educational credential assessment may also be required for graduates outside of Canada. Forward to the address above, Attention: Graduate Retention Program.

Application, Declarations, Authorizations, and Consent

I hereby apply to the Saskatchewan Minister of Advanced Education for the Graduate Retention Program Eligibility Certificate to be issued to me on the appropriate form that certifies details of my entitlement for this benefit.

I declare:

1. that the post-secondary program upon which I base this application was at least six months of full-time study or the equivalent as recognized by the Minister of Advanced Education;
2. that the information I have provided in this application is complete and accurate to the best of my knowledge and that the Minister will rely on it to determine my eligibility for the Graduate Retention Program Eligibility Certificate.

I authorize the Ministries of Advanced Education and of Finance for Saskatchewan and the Canada Revenue Agency to release to one another, my personal information as they may require to administer the Graduate Retention Program.

I consent to the Ministry of Advanced Education to collect and use personal information previously collected from me, from other educational and employment programs to administer the Graduate Retention Program.

X _____
Signature of Graduate

Date

For Office Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Comments:
<input type="checkbox"/> Not Approved	