

Confirmation of Enrolment

Saskatchewan Scholarship of Honour

Personal Information

Social Insurance Number (SIN): Telephone No.: _____

Name: _____
Surname Given Name Initial

Permanent Address: _____
Apt No. Street/Box No.

City/Town Province Postal Code

Post-Secondary Education Institution Information

Name of Institution: _____

School Address: _____
Street/Box No.

City/Town Province Postal Code

Telephone No.: _____

Confirmation of Enrolment (to be completed by the Educational Institution)

This is to confirm that the above-named student is enrolled as a student at this institution in a course of study for the time period indicated below. Not to be signed more than 30 days prior to course start date. To be signed only by the school registrar's office.

Program Start Date (dd/mmm/yyyy): _____ Program End Date (dd/mmm/yyyy): _____

Program Name: _____

Name of Official: _____ Title: _____

X _____
Signature of Official

Date (dd/mmm/yyyy)

Declaration

I certify that all the information on this document is correct as of the effective date below

X _____
Student Signature

Date (dd/mmm/yyyy)