



SASKATCHEWAN COLLABORATIVE BACHELOR OF SCIENCE IN NURSING APPLICATION FOR ADMISSION FALL INTAKE 2024

Submit one form and pay one \$100.00 application fee. **Previous applicants to an undergraduate program at the U of R who have already paid an application fee do not need to submit this application fee.** Apply and pay by any of the following methods: online (using credit or debit); by mail (with a cheque payable to Saskatchewan Polytechnic); in person (using credit, debit, cash, or cheque payable to Saskatchewan Polytechnic).

Check the box that applies to you: \$100 FEE - NEW APPLICANT PREVIOUS SCBScN APPLICANT PREVIOUSLY PAID U of R APP FEE

STUDENT IDENTIFICATION NUMBER

Provide your student identification number(s) here:

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Saskatchewan Polytechnic Student Number

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University of Regina Student Number

If this is your first application or registration at Saskatchewan Polytechnic or the University of Regina, a number will be assigned to you.

Are you currently attending or have you previously attended Sask Polytech/SIAS? Yes No

Are you currently attending or have you previously attended the University of Regina? Yes No

PERSONAL INFORMATION

COMPLETE LEGAL NAME

Surname (last name)	
First Name	Middle Name(s)
Former Name(s) (if applicable)	
Preferred Name (if different from First Name)	

Saskatchewan Health Services Number (mandatory for programs that require immunization) (Sask residents only)

Social Insurance Number (Providing your social insurance number ensures you will receive your taxation benefits [if eligible] and facilitates the administration of student loans)

PERMANENT ADDRESS

Apt. Number, Street, Box Number		
City or Town	Province	Postal Code
Country	Telephone (Home) (Area code required)	
Telephone (Business) (Area code required)	Telephone (Cell) (Area code required)	
Email (Your current email address will assist with timely communication)		

(choose only one)
 Man **OR** Woman **OR**
 I prefer to identify as _____ **OR**
 I prefer not to disclose

Date of Birth

Day	Month	Year

CITIZENSHIP STATUS

Canadian Citizen
 Province of Residence _____

I will be studying in Canada on a Study Permit
 Country of Citizenship _____

Permanent Resident
 Country of Citizenship _____
 Country of Birth _____
 Province of Entry to Canada _____
 Date of Entry

Day	Month	Year

CURRENT MAILING ADDRESS (IF DIFFERENT THAN ABOVE)

Apt. Number, Street, Box Number		
City or Town	Province	Postal Code
Country	Telephone (Home) (Area code required)	
Telephone (Business) (Area code required)	Telephone (Cell) (Area code required)	

EMERGENCY CONTACT INFORMATION

Name	
Relationship	Telephone (Area code required)

SITE CHOICE & PROGRAM OPTION

Submit only one application each year and indicate **one location** of site preference for the English option. Applicants are accepted on the basis of their competitive admission average and number of seats available at each location. If you become waitlisted at your location of choice, and a seat becomes available to you at a different location than the one you have chosen, you will be contacted and offered that as an alternative site.

Please indicate only one site location preference: Regina Saskatoon

BILINGUAL OPTION

Is this application for the Bilingual Option: Yes No

Note: you can submit one application to the English option and a second, separate application to the Bilingual option (no extra charge)

PREVIOUS AND CURRENT EDUCATION

A complete list of all secondary and post-secondary education is required. Failure to disclose attendance to another post-secondary institution may lead to cancellation of this application.

HIGH SCHOOL OR SECONDARY EDUCATION

You must also indicate if you are currently **upgrading** courses (see page 4).

Name of High School	Prov. (Country)	From (month/year)	To (month/year)	Certificate Obtained or Expected	Date (month/year)	Language of Instruction

Saskatchewan residents: Please indicate your Learning Identification Number:

Have you requested that the Ministry of Education send your transcript to Saskatchewan Polytechnic? Yes No If yes, Date Requested _____

POST-SECONDARY EDUCATION

You must indicate **all** post-secondary institutions you are attending or have attended, including those you have withdrawn from. Include the University of Regina and Saskatchewan Polytechnic if applicable.

University, College, Technical Institute	Program or Faculty	Prov. (Country)	From (month/year)	To (month/year)	Degree, Diploma or Certificate Obtained or Expected	Date (month/year)	Language of Instruction

One official transcript must be sent directly to Saskatchewan Polytechnic from each post-secondary institution, including those you are currently attending. If applicable, you are not required to request a transcript from Saskatchewan Polytechnic or the University of Regina, as we will request these for you. But, as noted above, you are required to indicate in this section if you attended either of these institutions.

Have you ever been discontinued from a program, suspended while in a program, or expelled from a post-secondary institution? (This includes disclosing for Sask Polytech and the U of R). Yes No

If so, specify institution name and related date: _____ name _____ date _____

LANGUAGE PROFICIENCY

What is your first language? _____

Proof of language proficiency is required of all applicants. For details, refer to www.sasknursingdegree.ca.

SELF-DECLARATION

INDIGENOUS SELF-DECLARATION

An Indigenous Person in Canada is a First Nations, a Métis or an Inuit person. First Nations includes “Status,” “Treaty” or “Registered” Indians as well as “Non-Status” and “Non-Registered” Indians.

Saskatchewan Polytechnic and the University of Regina designate seats in many program for persons of Indigenous ancestry. To qualify for one of these seats, to be considered for designated scholarships or bursaries, or to receive other services provided for persons of Indigenous ancestry, please indicate:

Are you an Indigenous Person in Canada: Yes No

If yes, are you: Inuit Métis First Nations

Please note that some programs require proof of Indigenous identity for admissions purposes. If proof of Indigenous Identity is required, you will be contacted.

OPTIONAL For statistical purposes, please provide the name of the First Nation to which you belong, if applicable:

VISIBLE MINORITY

Providing this information is voluntary. It is collected for statistical purposes only. I am a member of a visible minority

UNDERGRADUATE DECLARATION

I certify that all the questions have been answered in full and the information provided is correct and complete. I understand that completion of this signed application permits Saskatchewan Polytechnic and the University of Regina to request and/or confirm any information necessary to support my application for admission; that submission of any false statements or documents will result in the immediate and permanent cancellation of admission or registration to the Saskatchewan Collaborative Bachelor of Science in Nursing program (the “Program”); and that failure to disclose attendance at another post-secondary institution may lead to cancellation of this application. As well, I agree that any misrepresentation by me may be shared with other post-secondary institutions. I agree to abide by the University of Regina and Saskatchewan Polytechnic rules and regulations and that failure to do so may result in the revocation of my admission to or registration in the Program. This includes disclosing attendance at the University of Regina and Saskatchewan Polytechnic.

The University of Regina collects and creates information about students (“Personal Information”) under the authority of *The University of Regina Act (Saskatchewan)*. Saskatchewan Polytechnic collects and creates personal information under the authority of *The Saskatchewan Polytechnic Act (Saskatchewan)*. All such Personal Information is collected, retained, used and disclosed in accordance with *The Local Authority Freedom of Information and Protection of Privacy Act (Saskatchewan)* and the *Personal Information Protection and Electronic Documents Act (Canada)* and for the purposes of admission, registration, and other decisions on students’ academic status, and the administration of the institutions and their programs and services (including but not limited to the Program). All Personal Information collected or created by each institution may be shared with the other institution for these purposes. As well, some of this information may be disclosed to the relevant student society / associations and alumni association(s), and will be reported as required by federal or provincial authority.

Information regarding the admission of current high school students may be shared with the student’s current high school, as needed. By enrolling in the program, students consent to the collection, retention, use, and disclosure of Personal Information as described above.

Signature _____ Date _____



For more info, scan this QR code to visit www.sasknursingdegree.ca/scbscn

FOR OFFICE USE ONLY

Date Payment Received: _____ Processed by: _____ Receipt #: _____