



## Request Form for St. Andrew's Theological College/University of Saskatchewan

This is an Agreement between the College of Graduate and Postdoctoral Studies, the University of Saskatchewan, and St. Andrew's Theological College regarding graduate courses. Under provisions of the Agreement, it is agreed that

Surname \_\_\_\_\_ First Name and Initial \_\_\_\_\_ Former/Maiden Name \_\_\_\_\_ Student Number \_\_\_\_\_

Home Department \_\_\_\_\_ Degree Sought \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ City \_\_\_\_\_ P.C. \_\_\_\_\_

Date of Birth	Sex	Country of Citizenship	Country of Birth	Immigration Status	Date of Entry (If non-Canadian)
____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Student Visa <input type="checkbox"/> Other Visa	____/____/____
Y / M / D					Y / M / D

**HAS PERMISSION TO TAKE:**

Course Number	Course Title	Fees (completed by host)	Credits	Term

at \_\_\_\_\_ during term \_\_\_\_\_ in the 20\_\_ - 20\_\_ Session  
(Host)

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### Home Institution

<p>1. _____ Date                      Signature/Name                                     Department Approval</p>	<p>2. _____ Date                      Signature/Name                                     Office of the Dean of Graduate                                     Studies or Co-President</p>
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### Host Institution

<p>1. _____ Date                      Signature/Name                                     Department Approval</p>	<p>2. _____ Date                      Signature/Name                                     Office of the Dean of Graduate                                     Studies or Co-President</p>
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**FAXED** copies of this form with the appropriate signatures are acceptable. This request form originates at the **Home** institution, usually at the Departmental level. The Department completes, signs and forwards it to its Graduate Studies office for approval and signature. The form is then forwarded to Graduate Studies at the **Host** institution to arrange final Departmental approval and signature. A copy of the completed form ( with all the necessary signatures ) is returned to Graduate Studies at the **Home** institution. The **Host** institution retains the original. Please type the information requested.

**Address Correspondence to:**

St. Andrew's Theological College  
University of Saskatchewan  
1121 College Drive  
Saskatoon, Saskatchewan S7N 5B6  
Telephone: (306) 966-8970  
Fax: (306) 966-8981

College of Graduate and Postdoctoral Studies  
University of Saskatchewan  
3 Campus Drive  
Saskatoon, Saskatchewan S7N 5A4  
Telephone: (306) 966-5751  
Fax: (306) 966-5756