

University of Saskatchewan Registration/Personal Data Form

STUDENT NUMBER (if known)		SESSION 2017-2018		COLLEGE OR SCHOOL U of S COLLEGE OF MEDICINE				
LAST NAME (LEGAL NAME)		FIRST NAME		MIDDLE NAME OR INITIAL	FORMER LAST NAME USED (if any)			
GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH DAY MONTH YEAR		CITIZENSHIP <input type="checkbox"/> Canada <input type="checkbox"/> Work/Student Visa/Work Permit <input type="checkbox"/> Landed Immigrant/Permanent Resident Card Date of Landing: _____ Country of Citizenship: _____		PREFERRED NAME			
					SOCIAL INSURANCE #			
STREET ADDRESS (provide Saskatoon address asap)			CITY	PROVINCE	POSTAL CODE			
Address EFFECTIVE FROM (mm/dd/yy)			Address EFFECTIVE TO (mm/dd/yy)		Country (if not Canada)			
TELEPHONE Home: _____ Work: _____ Cell: _____			E-MAIL ADDRESS		NEXT OF KIN NAME: _____ PHONE: _____ RELATIONSHIP: _____			
PROGRAM (DEGREE SOUGHT) POSTGRAD CLIN	PROGRAM		RESIDENCY LEVEL	CLASS				
				ABBREV	NUMBER	CREDIT UNITS	SECTION	TERMS
				PG CL	600	0	01	T1 T2
We request that you complete this form in its entirety. Please return this form with all other requested documents to the Postgraduate Medical Education Office, 4 th Floor, St. Andrew's College, 1121 College Drive, Saskatoon, SK. S7N 0W3. This information will then be forwarded to Admissions to have you registered as a student/employee. Your signature below allows the Postgraduate Medical Education Office to release pertinent information to its affiliated agencies. This permission will remain in effect for the duration of your training program at the University of Saskatchewan.								
Signature _____					Date _____			