

3A20 Health Science Building, 107 Wiggins Road
Saskatoon SK S7N 5E5 Canada
Telephone: 306-966-3240
Admin Fax: 306-966-2601

APPLICANT CONSENT FORM

- 1) I (undersigned) authorize each learning institution I have attended (as listed in my application for entrance into the undergraduate medical training program in the College of Medicine at the University of Saskatchewan) to disclose information related to academic or non-academic misconduct for which I have been subject to formal discipline or informal resolution to the Admissions Office at the College of Medicine (CoM) at the University of Saskatchewan (USask).
- 2) I understand that whether or not any or all educational institution(s) I have attended are contacted is at the discretion of the Admissions Office in accordance with ***Criteria for Selection - File Review for Areas of Concern*** of the [Applicant Information document](#).
- 3) I understand that any information obtained from the educational institution(s) I have attended will only be used by the Admissions Office and the Admissions Committee as part of the assessment of my application for acceptance into the College's undergraduate medical education program, and will be kept secure and confidential in accordance with Admissions Office procedures.
- 4) I understand that the Admissions Office at the CoM at the USask during the file review for Areas of Concern may review all forms of my social media platforms for posted messaging inconsistent with the expectations of the CoM as outlined in the [Functional Core Competencies](#) and [CoM Ethics and Professionalism document](#).
- 5) I understand that this consent is valid only for the current application cycle for entry Fall 2026 and that any information so obtained from any educational institution(s) I have attended will remain in the Admissions Office of the CoM for inclusion in my file.
- 6) I understand that I have the right to revoke my consent in writing at any time during the current application cycle.

Your failure to sign this consent form may result in the CoM not being able to fully process your application.

By signing this form, I acknowledge that I have completely read and fully understand the conditions of the above release and agree to be bound thereby.

APPLICANT:

First and Last Name (print): _____

Signature: _____

Date: _____