

# University of Saskatchewan Registration/Personal Data Form

STUDENT NUMBER (if known)		SESSION <b>2022-2023</b>		COLLEGE OR SCHOOL <b>U of S COLLEGE OF MEDICINE</b>		
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	
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) <b>POSTGRAD CLIN</b>	PROGRAM		RESIDENCY LEVEL	CLASS		
				ABBREV	NUMBER	CREDIT UNITS
				PG CL	600	0
						SECTION
						01
						TERMS
						T1 T2
<p>We request that you complete this form in its entirety. Please return this form with all other requested documents to the Postgraduate Medical Education email address (postgrad.med@usask.ca). This information will then be forwarded to Admissions to register you 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.</p>						
Signature _____				Date _____		