INDIAN TEACHER EDUCATION PROGRAM STUDENT APPLICATION

28 Campus Drive, Room 1254 College of Education, University of Saskatchewan S7N 0X1

Phone: 306.966.7686 Fax: 306.966.7630 Email: itep@usask.ca



APPLICATION New Student Returning Student

LOCATION		
On Campus (Saskatoon)		
Community Based		

PERSONAL INFORMATIO	N		
Last Name:		First Name:	
Birth Date (dd/mm/yyyy): _		Maiden/Former Names:	
Present Address:		City & Province:	
Postal Code/Zip Code:		Personal Email:	
Cell Phone:	Alternat	ive Phone Number:	
Permanent Mailing Address ((if different from above) :		
INDIGENOUS LANGUAGE Identify your Indigenous ling			
What is your Indigenous Lar			
FLUENT SPEAKER	CONVERSATIONAL SPEAKER	UNDERSTAND NON- SPEAKER	NON-SPEAKER
VERIFICATION OF DOCU			
		STATUS WITH YOUR APPLICAT	
Are you a Registered Status Number:		? Yes Do No If Yes, Register	ed Status Indian
Identify the First Nation/com	nmunity you are registered u	nder:	
PROOF OF NATIVE AMER	ICAN TRIBAL ENROLLME	NT – UNITED STATES OF AI	MERICA
PLEASE PROVIDE A COPY O APPLICATION.	F YOUR PROOF OF NATIVE	AMERICAN TRIBAL ENROLLME	NT WITH YOUR
Are you a federally recognize	ed Native American with a Co	ertificate of Indian Birth? Yes	¹ No □
If Yes, Tribal Enrollment Nur	mber:	<u></u>	
Name of Native American Re	eservation:		

REVISED: March 1, 2023

NON-STATUS INDIANS, MÉTIS & INUIT					
Are you a Non-Status Indian, Métis or Inuit? Yes \square No \square					
If yes, state your Indigenous Community Affiliation:					
POST SECONDARY FUNDING					
Are you being funded by your Post Seco	ondary Funding Agency? Ye	es 🗆 No 🗆			
If Yes, Funding Agency (First Nation Band): Contact Person:					
Are you applying for a Student Loan? You	es 🗆 No 🗆				
If Yes, Have you completed your Canad	la Student Loans application? _				
EMPLOYMENT HISTORY					
Please list all employment/volunteer his	story that relates to education a	nd/or working with c	hildren:		
PLACE OF	TITLE OF JOB	DATE STARTED	DATE		
EMPLOYMENT/VOLUNTEER			COMPLETED		
EDUCATION					
Have you completed Grade 12? Yes □	No □ If yes, what year did	you complete Grade	12?		
If Yes, please provide name & city of so	chool attended				
Have you attended a post-secondary institution previously? Yes \square No \square					
If yes, please list all post-secondary ins	titutions attended and submit to	o admissions*.			
NAME OF INSTITUTION	NAME OF PROGRAM	COMPLETED YES/NO	YEARS ATTENDED		
Have you attended the University of Sa	skatchewan? Yes 🗆 No 🗈				
If Yes, USask Student Number:	NSID	:			

EDUCATIONAL STATEMENT

Please Answer the Following Questions.

1. Are you related to any ITEP Alumni?

NAME OF ALUMNI	RELATIONSHIP TO ALUMNI	YEAR ALUMNI GRADUATED			
2. In 250 words or less, please introd	luce yourself?				
3. In 500 words or less, please describe your attributes and characteristics that describe why you want to become a teacher?					
If you are a returning student complete the following statements:					
In 500 words or less please tell us what your plan for success will be for the upcoming academic year?					

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REFERENCES

NAME OF REFERENCE	JOB TITLE	CONTACT INFORMATION

Please forward OFFICIAL* copies of ALL transcripts from both High School and any other Post-Secondary Institutes you have attended, to the following address:

Recruitment, Admissions and Transfer Credit University of Saskatchewan 105 Administration Place Saskatoon SK S7N 5A2

*OFFICIAL refers to transcripts sent <u>directly</u> to University of Saskatchewan from another institution.

For Office Use ONLY		
Application		
Status Card		
Transcripts		
Average		
Statement		
Date Received		