



**INDIAN TEACHER EDUCATION PROGRAM
COLLEGE OF EDUCATION
28 CAMPUS DRIVE
UNIVERSITY OF SASKATCHEWAN S7N 0X1
PHONE: 306.966.7686
FAX: 306.966.7630**



Application Form

**DEADLINE: MAY 1, 2016
For September, 2016**

- On-Campus**
- Community-Based** _____

A. PERSONAL INFORMATION

Last Name: _____ First Name: _____

Birth Date: (dd/mm/yyyy) _____

Maiden/Former Names: _____

Present Address: _____ City & Prov. _____

Postal Code: _____ Phone: _____ Cell: _____ Email _____

Permanent Mailing Address: (if different from above) _____

B. FIRST NATIONS' INFORMATION

Band: _____ Funding Agency: _____

Do you speak, write or read an Aboriginal language? Yes No Language _____

My Aboriginal ancestry is (check one): ___ Status Indian ___ Non-Status ___ Metis ___ Inuit

C. EDUCATION

Transcripts: Please request and forward TWO "OFFICIAL"* copies of your transcripts from Grade 12 and any other Post-Secondary Institutes you have attended to: (1) ADMISSIONS, UNIVERSITY OF SASKATCHEWAN, SASKATOON SK S7N 5A2 and (2) ITEP (address at top of page)

*Official transcripts are forwarded from [Sask Learning](#) or Post Secondary Institutes directly to Admissions and ITEP.

Secondary/High School Record:

High School or Secondary Education Institute	City/Town/First Nation	Province	Graduation date (dd/mm/yyyy)
High School or Secondary Education Institute	City/Town/First Nation	Province	Graduation date (dd/mm/yyyy)
High School or Secondary Education Institute	City/Town/First Nation	Province	Graduation date (dd/mm/yyyy)
Upgrading	City/Town/First Nation	Province	Graduation date (dd/mm/yyyy)

Record Beyond High School Level:

Post Secondary Institution	City	Province	
From (dd/mm/yyyy)	To (dd/mm/yyyy)	Qualification Obtained	Date Degree Awarded (dd/mm/yyyy)

Post Secondary Institution	City	Province	
From (dd/mm/yyyy)	To (dd/mm/yyyy)	Qualification Obtained	Date Degree Awarded (dd/mm/yyyy)

Are you a former U of S Student? University College Program _____

U of S STUDENT NUMBER: _____

ADDITIONAL INFORMATION

Have you been required to withdraw from a program for academic reasons at any educational institution? Yes No

If yes,

Date (dd/mm/yyyy)	Name of Institution	Location
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If you hold a journeyman’s Certificate, please state

Area of Training	Province of Issue
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D. Criminal Record Check: An increasing number of school divisions are requiring a Criminal Record Check; this includes a Vulnerable Sector Screening, for student teaching and/or internship. You may not be eligible for a teaching certificate if you have a criminal record.

Please initial below to confirm that you acknowledge and understand a criminal record check is required to student teach and intern. Initial here _____

E. EMPLOYMENT HISTORY

Employer	Position	Dates	Reason for Leaving
Employer	Position	Dates	Reason for Leaving

Teacher Aide	Other Related Teaching Experiences
Teacher Aide	Other Related Teaching Experiences

Volunteer/Community services: List all volunteer and community services with which you have been associated in the last five years:

Organization (time/place)	Year(s) involved	Your function
Organization (time/place)	Year(s) involved	Your function
Organization (time/place)	Year(s) involved	Your function

F. REFERENCES

Please have the TWO [recommendation forms](#) filled out and mail to us. Your references should come from former teachers, principals, employers, Band Chief & Council etc. The references should not be family members. These recommendations will be used in making a final decision regarding your acceptance. Also, list below their names, addresses and phone numbers.

Name	Address	Phone number
Name	Address	Phone number

G. PAYMENT OF FEES

Please indicate how you will pay for the \$90 Cdn non-refundable application fee. Application fee payment is required before your application will be processed. Cheques or money orders should be made payable to the **University of Saskatchewan.**

- Cheque Money Order
- Cash (applicants may use this option **only when paying in person**—please do not send cash in the mail)

I agree, if admitted to the University of Saskatchewan, to comply with the regulations of the university. I certify that the information I have provided on this application is true and complete in all aspects and that no relevant information has been withheld. I understand that misrepresentation, falsification of documents, or withholding of requested information in regard to this application are serious offences which may result in prosecution under the University’s Regulations on Student Academic Dishonesty and/or the Criminal Code of Canada. I also understand that other institutions may be notified if such information is discovered.

Applicant Signature	Date (dd/mm/yyyy)
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PLEASE DO NOT HESITATE TO CONTACT THE ITEP OFFICE AT 966-7686 SHOULD YOU HAVE ANY FURTHER QUESTIONS. WE WOULD BE PLEASED TO ASSIST YOU.

WE ARE THE FUTURE OF OUR CHILDREN

www.usask.ca/education/itep