INDIAN TEACHER EDUCATION PROGRAM
RETURNING STUDENT APPLICATION

28 Campus Drive, Room 1254
College of Education, University of Saskatchewan
S7N 0X1
Phone: 306.966.7686
Email: itep@usask.ca
Fax: 306.966.7630

PERSONAL INFORMATION

Last Name: ______________________ First Name: ______________________

Birth Date (dd/mm/yyyy): ______________________ Maiden/Former Names: ______________________

Present Address: __________________________________________ City & Province: ______________________

Postal Code/Zip Code: ______________________ Phone: ______________________ Email: ______________________

Permanent Mailing Address (if different from above) : __________________________________________

USASK Student Number: ______________________

USASK NSID: ______________________

POST SECONDARY FUNDING

Are you being funded by your Post Secondary Funding Agency? Yes / No

If Yes, Funding Agency (First Nation Band)? : ______________________ Contact Person: ______________________

Are you applying for a Student Loan? Yes / No

If Yes, Have you completed your Canada Student Loans application? : ______________________

Do you currently have any Holds on your USASK account? ______________________

ACADEMIC PROFILE

What was the reason you left the Indian Teacher Education Program?

Please check the appropriate box:
  i.  Personal Reasons:
  ii.  Required to Discontinue:
  iii.  Financial:
  iv.  Medical:

EDUCATIONAL SUCCESS STATEMENT

1.  In 500 words or less please tell us what your plan for success will be for the upcoming Academic Year?

2.  What have you been doing while you have been away from ITEP?

REFERENCES

Please include 2 References

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<th>Reference Name &amp; Title</th>
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