



GRADUATE INFORMATION - please complete in ink

1. Graduate's Social Insurance Number

2. Graduate's Date of Birth day month year

3. Graduate's Full Name last first middle initial

4. Gender Female Male

5. Permanent Mailing Address. *Your certificate will be sent to this address initially, unless you provide the above office with any changes before receipt of the certificate (usually in February).*

street/box/apt. no.

city/town province Postal Code

6. Telephone - **Home** area code **Work** area code

7. Student No. 8. Date of Graduation day month year

9. Alternate Mailing Address. *All returned mail will be redirected to this address unless you provide the above office with another mailing address.*

street/box/apt. no.

city/town province Postal Code

POST-SECONDARY EDUCATION INFORMATION

10. School Name

11. School Address street/box/apt. no.

city/town province Postal Code

12. Telephone Number of Designated School Official area code

13. Level of Study - (Check one) Certificate Diploma Bachelor/Undergraduate Degree Journeyperson Master's Degree PhD. Other. Specify

DECLARATION OF GRADUATE

I declare that my program of studies related to this application was at least six months, or equivalent to six months, of full-time study.

I declare that I have not previously filed a Post-Secondary Graduate Tax Credit Certificate with a previous Saskatchewan Income Tax Return.

I declare that the information provided is correct.

X _____
Signature of Graduate _____ Date

GRADUATE - Complete the application and attach a copy of your transcript or certificate diploma or degree, confirming you are a graduate from an eligible program of study. Forward to the Post-Secondary Graduate Tax Credit Program Office at the address indicated above.