



Minister of Advanced Education, Employment and Immigration

Saskatchewan Scholarship of Honour Confirmation of Enrolment

A. Personal Information

Name

Surname

Given Name

Initial

Permanent Address

Apartment #

Street/Box No.

City/Town

Province

Postal Code

Telephone No. () -

Area Code

Social Insurance Number

_____|_____|_____|

B. Post-Secondary Educational Institution Information

Name of Institution

Mailing Address

Street/Box No.

City/Town

Province

Postal Code

Telephone No. () -

Area Code

Confirmation of Enrolment (to be completed by the Educational Institution)

This is to confirm that the above-named student is enrolled as a student at this institution in a course of study for the time period indicated below. Not to be signed more than 30 days prior to course start date. To be signed only by the school registrar's office.

Program Start Date

_____|_____|_____|
Day Month Year

Program End Date

_____|_____|_____|
Day Month Year

Program Name

Name of Official

Title

Signature of Official

Date Signed

Declaration

I certify that all the information on this document is correct as of the effective date below.

Student Signature

Date