

INDIAN TEACHER EDUCATION PROGRAM NEW STUDENT APPLICATION

28 Campus Drive, Room 3076
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) : _____

INDIGENOUS ANCESTRY

What Indigenous Nation do you belong to? : _____
What Indigenous linguistic Group(s) do you belong to: _____
Do you speak your Indigenous Language Fluently? : _____

PROOF OF INDIAN STATUS - NATION STATE OF CANADA

Are you a Registered Status Indian Under the Indian Act? Yes / No If Yes, Registered Status Indian Number: _____
Name of Indian Reserve: _____

PROOF OF NATIVE AMERICAN TRIBAL ENROLLMENT – UNITED STATES OF AMERICA

Are you a federally recognized Native American with a Certificate of Indian Birth? Yes / No
If Yes, Tribal Enrollment Number: _____
Name of Native American Reservation: _____

NON STATUS INDIANS, METIS & INUIT

Are you a Non-Status Indian, Metis or Inuit? Yes / No
If yes what is your Indigenous Community Affiliation: _____

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? : _____

4. In 500 words or less please tell us why you want to become a teacher?

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:

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