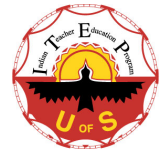


INDIAN TEACHER EDUCATION PROGRAM RETURNING STUDENT APPLICATION

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) : _____

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

Reference Name & Title	Reference Contact Information