



**University of Saskatchewan
INFORMATION FORM
INTERNATIONAL STUDENT DEPOSITS**

Student Name	_____
Student Address	_____
Student Date of Birth	_____
Date of Transfer	_____
Amount of Transfer	_____
Name of Person Transferring (if different from student name)	_____
Confirmation of Receipt of Funds should be sent to:	
Embassy Name	_____
Embassy Address	_____
Embassy Fax Number	_____
Case Number	_____
Student Email Address	_____
If study permit is not received, refund money to the following bank account:	
Name of Account Holder	_____
Account Number	_____
Bank Address:	
Street	_____
City	_____
Country	_____
I have read and agreed to the terms of the International Student Deposit Procedure:	
Signature:	_____

<i>For University use only:</i>	
Date received:	_____
Action:	<input type="checkbox"/> All required information received
	<input type="checkbox"/> Bank transfer received [Date _____]
	<input type="checkbox"/> Canadian embassy notified [Date _____]
	<input type="checkbox"/> Deposit returned to sender [Date _____]