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

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<th>Reference Name &amp; Title</th>
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