

AA211, Heritage Hall 1301 - 16 Avenue NW Calgary, AB T2M 0L4

Phone: 403.284.7248 Toll-free: 1.877.284.7248 Fax: 403.284.7112

Email: records@sait.ca

Please complete sections A to C. Submit to the Office of the Registrar no sooner than 90 days prior to term start.

A) Personal Information					
Date			Student ID Number		
Last Name			First Name		Middle Name
Address			6.1		
Address			City		Province
Preferred Phone Number Home Alternate Ph			l Jumher	Home	Postal Code
referred mone names.	Cellular Business	, ween dee i none i		Cellular Business	ostal esse
Email Address					
B) Program Information					
Program)			In what term and year do you intend to return to the program? (ex. Fall 2025, Spring 2026 etc)		
Concentration/Major					
Term					
Fall (Sept - Dec) Winter (Jan-Apr) Spring (May-June) Summer (July-Aug)					
Were you academically withdrawn from the program?					
Yes No					
C) Student Acknowledgment					
I have completed one full semester, and have been inact	ive for o	ne or more seme	esters. I understand that:		
• If I have taken a year or longer break from the program, there could be changes to my graduation requirements. I should consult with the program's Academic Chair/Coordinator to identify changes to graduation requirements.					
• If I return to my program after having been academically withdrawn, I will return on academic probation. If I am academically withdrawn a subsequent time, I will be withdrawn from SAIT for a period of up to five years.					
Please refer to Policies & Procedures - AC.3.1.1 and AC.3.1.1 Schedule A					
Student Signature				Date	
D) Academic Approval Required - Submit to the Office of	the Reg	istrar no sooner t	than 90 days prior to term s	start.	
I authorize registration of the above-mentioned student in the following			Term		
Yes No Authorizing person's name:			·		(May-June) Summer (July-Aug)
Year of study Semester of study			Block registration	Block co	ode
Graduation requirements based on:			I		
Original admission year Current year Other:					
Academic Chair (or Earned Revenue Coordinator)** Signature				Date	
E) Payment Information				<u> </u>	
Fee: \$125					
This fee will be added to your mySAIT.ca account after y	nur redu	est is processed	You will have two husiness	days to make your pa	avment through mySAIT ca

This fee will be added to your mySAIT.ca account after your request is processed. You will have two business days to make your payment through mySAIT.ca or one of our approved online payment options. Failure to pay will result in the request being cancelled. We are unable to accept payments in person, over the phone or by email. Review payment options (https://www.sait.ca/tuition-and-financialaid/payment-options) to find our acceptable online payment methods. Do not include your credit card information in the email you will send to the Office of the Registrar.

## **FOIP Statement**

The personal information you provide on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act of the Province of Alberta, Section 33(c). This information will be used to process your process your intent to return. If you have any questions about the collection or use of this information, contact the FOIP Coordinator at Southern Alberta Institute of Technology at 1301 16 Avenue NW, Calgary, AB T2M 0L4 or by email at foip. coordinator@sait.ca.