

Saskatchewan Collaborative Bachelor of Science in Nursing Application for Admission

\$100 FEE



goSIAST.com

Please read carefully and complete all sections. Print clearly using ink.

URconnected.ca

1 STUDENT IDENTIFICATION NUMBER

Provide your student identification number(s) here:

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SIAST Student Number

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U of R Student Number

If this will be your first application or registration at SIAST or the U of R, a number will be assigned to you.

Are you attending or have you previously attended SIAST? Yes No

Are you attending or have you previously attended the U of R? Yes No

2 PERSONAL INFORMATION

Complete Legal Name

Surname
First and Middle Name(s)
Former Name(s) (if applicable)
Preferred Name (if different from First name)

Male Date of Birth

day	month	year
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Female

Address

Apt. Number, Street, Box Number		
City or Town	Province	Postal Code
Country	Telephone (Home) ()	
Telephone (Business) ()	Cell ()	
Emergency Contact	Relationship	Telephone
E-mail*		

*Your current E-address will assist in timely communication.

Citizenship Status

Canadian Citizen
Province of Residence: _____

I will be studying in Canada on a Student Authorization
Country of Citizenship: _____

Landed Immigrant/Permanent Resident
(Submit a copy of your Record of Landing or Permanent Resident Card)

day	month	year
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date of entry

Country of Citizenship _____

Country of Birth _____

Province of Entry to Canada _____

3 SITE CHOICE

You may complete only **one** form and pay one \$100.00 fee if you are applying to both sites. You are applying to the **next intake** of the program. You may submit your application(s) to any of the four SIAST campuses or the University of Regina (see page 3).

Check the site(s) to which you are applying: Regina Saskatoon Indicate your **first** choice here: _____

FOR OFFICE USE ONLY

<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	Receipt #: _____	Received: _____
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Credit Card No: _____	Expiry Date: _____
<input type="checkbox"/> Other (attach documentation)			

4 PREVIOUS AND CURRENT EDUCATION

A complete listing of secondary and post-secondary education is required.

High School or Secondary Education

Name of High School	Prov. (Country)	From mo yr	To mo yr	Certificate Obtained or Expected	Date mo yr	Language of Instruction

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If known, indicate your Ministry of Education I.D. number:

Have you requested that the Ministry of Education send your transcript to SIAST? Yes No If yes, Date Requested _____

Post-secondary Education

University, College, Technical Institute	Program or Faculty	Prov. (Country)	From mo yr	To mo yr	Degree, Diploma or Certificate Obtained or Expected	Date mo yr	Language of Instruction

One official transcript must be sent directly to SIAST from each post-secondary institution.

Have you ever been required to discontinue from an educational institution? Yes No

If yes, specify institution name and discontinuation date: _____

5 EDUCATION EQUITY

Providing this information is voluntary.

Aboriginal Ancestry A number of seats are reserved for persons of Aboriginal ancestry. To qualify for one of these seats or other services provided for persons of Aboriginal ancestry, you will need to check one of the following boxes:

- Inuit Métis Non-Status Indian Status/Treaty Indian

Note: Documentation verifying proof of Aboriginal ancestry must be submitted before a student can be given a start date in a reserved equity seat.

Visible Minority I am a member of a visible minority (This information is collected for statistical purposes only)

6 ENGLISH PROFICIENCY

First Language _____

Proof of English proficiency is required of all applicants whose first language is not English. Please indicate which proof(s) of proficiency you plan to provide. You may check more than one. Canadian or U.S. high school English-language post-secondary institution

- CAEL CanTest ESL 050 or Placement Exam (U of R) GCSE/IGCSE/GCE IELTS MELAB TOEFL

Anticipated test date(s) (dd/mm/yy) _____ | _____ | _____

For details about demonstrating English proficiency for this program, refer to Frequently Asked Questions on the program web page at goSIAST.com or to URconnected.ca.

7 UNDERGRADUATE DECLARATION

I certify that all the questions have been answered in full and the information provided is correct and complete. I understand that completion of this signed application permits SIAST and the University of Regina to request and/or confirm any information necessary to support my application for admission; that submission of any false statements or documents will result in the immediate and permanent cancellation of admission or registration to the Saskatchewan Collaborative Bachelor of Science in Nursing program (the "Program"); and that failure to disclose attendance at another post-secondary institution may lead to cancellation of this application. As well, I agree that any misrepresentation by me may be shared with other post-secondary institutions. I agree to abide by the University of Regina and SIAST rules and regulations and that failure to do so may result in the revocation of my admission to or registration in the Program.

The University of Regina collects and creates information about students ("Personal Information") under the authority of The University of Regina Act (Saskatchewan). SIAST collects and creates personal information under the authority of The Saskatchewan Institute of Applied Science and Technology Act (Saskatchewan). All such Personal Information is collected, retained, used and disclosed in accordance with The Local Authority Freedom of Information and Protection of Privacy Act (Saskatchewan) and the Personal Information Protection and Electronic Documents Act (Canada) and for the purposes of admission, registration, and other decisions on students' academic status, and the administration of the institutions and their programs and services (including but not limited to the Program). All Personal Information collected or created by each institution may be shared with the other institution for these purposes. As well, some of this information may be disclosed to the relevant student society / associations and alumni association(s), and will be reported as required by federal or provincial authority. By enrolling in the Program, students consent to the collection, retention, use, and disclosure of Personal Information as described above.

Signature _____

Date _____

IMPORTANT APPLICATION INFORMATION

High School Admission Requirements

Applicants who have completed or are in the process of completing Grade 12 with fewer than 24 attempted credit hours of approved post-secondary education will be considered based on the following criteria:

- English Language Arts A30
- English Language Arts B30
- One of Math A30, Math B30, Math C30, or Calculus 30 *
- Biology 30
- Chemistry 20 (Chemistry 30 is recommended)

* Revised Mathematics Curriculum Requirement (Effective July 1, 2013)

One of Foundations of Math 30 or Pre-Calculus 30 (replacing Math A30, Math B30, Math C30 above, or Calculus 30)

Students must have a minimum grade of **70% in each** of the above required courses. Students applying from other Canadian provinces or from other countries will need to present equivalent courses. In addition, all students will need to meet the English Language Proficiency requirements both of the University and of the program.

Post-Secondary Admission Requirements

Applicants who have attempted 24 or more credit hours of approved post-secondary education will be admitted based on the following criteria:

- Successful completion of either each high school course (listed above) or a post-secondary equivalent or higher than equivalent, **and**
- A minimum of 65% UGPA on all post-secondary courses presented
- If transferring from another Nursing program, a minimum UGPA of 65% and a positive recommendation on a clinical placement form.

Additional Program Requirements

All successful applicants must provide the results of a criminal record check, proof of Standard First Aid and CPR HeartSaver "C" AED or equivalent, and an up-to-date immunization record prior to the commencement of the program.

English Language Proficiency Requirements

This program is taught in English. All applicants must demonstrate an appropriate level of proficiency in the English language. For details about demonstrating English proficiency for this program, refer to Frequently Asked Questions on the program web page at goSIAST.com, or to URconnected.ca.

Out-of-Province Applicants

Out-of-province applicants will need to meet the same requirements as Saskatchewan applicants. Out-of-province course equivalents will be used to meet the admission requirements for this program.

Transcripts

Applicants must arrange for final, official transcripts to be sent to Registration Services at SIAST directly from the institution or organization maintaining official records. Final official transcripts must be received by SIAST by August 1. Transcripts will not be accepted directly from applicants.

- If you are currently enrolled in any high school courses, you must have your Principal or Guidance Counsellor complete the **Preliminary Statement of High School Standing** form for this program (see page 4). A conditional admission can be granted on the basis of the preliminary statement.
- For **official Saskatchewan Grade 10, 11, 12 and Adult 12 results**, arrange for an electronic copy of your transcript to be forwarded directly from the Ministry of Education (www.education.gov.sk.ca/transcripts).
- For **high school and post-secondary education completed outside Saskatchewan**, arrange for an official transcript to be sent directly from the Department of Education or other official office maintaining such records.
- Official post-secondary transcripts are required for **each** post-secondary institution you attended.

Submitting Applications

- One non-refundable application fee of \$100.00 must be submitted with each year's application to this program (one or both sites). Please make cheques payable to SIAST.
- Once your application has been received and processed, you will receive a letter and further information about the status of your application. Be sure to advise SIAST Registration Services of any change in your contact information.
- Submit to **Registration Services** at any one of the SIAST locations or to the **Undergraduate Admissions Office** at the University of Regina:

Kelsey Campus
Box 1520
Idylwyld Drive & 33rd St
Saskatoon SK S7K 3R5
Toll Free: 1-866-goSIAST

Palliser Campus
Box 1420
Saskatchewan St
& 6th Ave NW
Moose Jaw SK S6H 4R4
Toll Free: 1-866-goSIAST

Wascana Campus
Box 556
4500 Wascana Parkway
Regina SK S4P 3A3
Toll Free: 1-866-goSIAST

Woodland Campus
Box 3003
1100 - 15th St East
Prince Albert SK S6V 6G1
Toll Free: 1-866-goSIAST

University of Regina
Rm 108 (AH 108)
Administration -
Humanities Bldg
3737 Wascana Parkway
Regina SK S4S 0A2
Toll Free: 1-800-644-4756

Saskatchewan Collaborative Bachelor of Science in Nursing Preliminary Statement of High School Standing



This preliminary statement should only be used by applicants to the Saskatchewan Collaborative Bachelor of Science in Nursing who are currently completing Grade 12 or are upgrading a required high school subject.

Submit this statement to the site to which you are applying.
If you are submitting an application for each site, send a completed form to each address below.

Regina: Registration Services
SIAST Wascana Campus
4500 Wascana Parkway
Regina SK S4P 3A3

Saskatoon: Registration Services
SIAST Kelsey Campus
Idylwyld Drive & 33rd Street
Saskatoon SK S7K 3R5

PART 1 STUDENT

Surname	First and Middle Name(s)	Date of Birth <small>Day Month Year</small>
Present Address		Telephone Number ()
City or Town	Province	Postal Code
High School Now Attending	Address of High School	

PART 2 PRINCIPAL OR GUIDANCE COUNSELLOR

All classes must be completed by June 30. Students must have a minimum grade of 70% in each of the required courses to be admitted to the program.

	Registered in	Final Grade (if available)
English Language Arts A30	<input type="checkbox"/>	
English Language Arts B30	<input type="checkbox"/>	
Math A30	<input type="checkbox"/>	
Math B30	<input type="checkbox"/>	
Math C30	<input type="checkbox"/>	
Calculus 30	<input type="checkbox"/>	
Biology 30	<input type="checkbox"/>	
Chemistry 20 (Chemistry 30 is recommended)	<input type="checkbox"/>	

Will this student have complete Grade 12 standing by the end of June?
 Yes No
 If no, when? _____

Has this student already completed Grade 12?
 Yes No
 If yes, when? _____

Is this student upgrading?
 Yes No
 If yes, what? _____

Note: Revised Saskatchewan mathematics curriculum requirements will come into effect for this program July 1, 2013, replacing the acceptable math courses above:
 One of Foundations of Math 30 or Pre-Calculus 30 or Calculus 30

Date
Signature of Principal or Guidance Counsellor
Phone Number