

# Graduate Retention Program Application

**Student Service Centre**  
1120 - 2010 12th Avenue  
Regina, Canada S4P 0M3  
306-787-5620  
1-800-597-8278

**Applications must be received by April 30th of the seventh year following the year of graduation.**

## Graduate Information

*(Please print)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Insurance Number (SIN): 

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Date of Birth (dd/mmm/yyyy): \_\_\_\_\_ Gender:  Male  Female

Mailing Address: \_\_\_\_\_  
Apartment No. \_\_\_\_\_ Street/Box No. \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Work/Cell Telephone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(This a mandatory field. You will receive an e-mail with instructions about how to download your GRP certificate)*

Date of Graduation (dd/mmm/yyyy): \_\_\_\_\_

## Post-Secondary Education Information

*If you have graduated from more than one program type, you will need to complete a separate application form for each program.*

Program Type (check one):  Journeyperson  3 Year Bachelor/Undergraduate Degree  
 1 Year Certificate/Diploma  4 Year Bachelor/Undergraduate Degree  
 2 or 3 Year Certificate/Diploma

Program Name: \_\_\_\_\_

School/Trade Certification Body Name: \_\_\_\_\_

School/Trade Certification

Body Address: \_\_\_\_\_  
Street/Box No. \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone No. of School/Trade Certification Body Official: \_\_\_\_\_

\*Attach a copy of your certificate, diploma or degree confirming you are a graduate from an eligible program of study. A copy of your Canadian educational credential assessment will be required for graduates outside of Canada. Forward to the address above, Attention: Graduate Retention Program.

## Application, Declarations, Authorizations, and Consent

I hereby apply to the Saskatchewan Minister of Advanced Education for the Graduate Retention Program Eligibility Certificate to be issued to me on the appropriate form that certifies details of my entitlement for this benefit.

**I declare:**

1. that the post-secondary program upon which I base this application was at least six months of full-time study or the equivalent as recognized by the Minister of Advanced Education;
2. that the information I have provided in this application is complete and accurate to the best of my knowledge and that the Minister will rely on it to determine my eligibility for the Graduate Retention Program Eligibility Certificate.

**I authorize** the Ministries of Advanced Education and of Finance for Saskatchewan and the Canada Revenue Agency to release to one another, my personal information as they may require to administer the Graduate Retention Program.

**I consent** to the Ministry of Advanced Education to collect and use personal information previously collected from me, from other educational and employment programs to administer the Graduate Retention Program.

X \_\_\_\_\_  
Signature of Graduate

\_\_\_\_\_  
Date

For Office Use Only

Approved

Comments:

Not Approved