



CONFIRMATION OF SPONSORSHIP FOR FULL-TIME PROGRAM STUDENTS FOR SPONSOR BILLING

**SASKATCHEWAN POLYTECHNIC
Moose Jaw Campus**
Saskatchewan St and 6th Ave NW
PO Box 1420
Moose Jaw SK S6H 4R4
Fax 306-691-8578
RegInbox.Moosejaw@saskpolytech.ca

**SASKATCHEWAN POLYTECHNIC
Prince Albert Campus,
Technical Building**
PO Box 850
Prince Albert SK S6V 5S4
Fax 306-765-1838
RegInbox.Princealbert@saskpolytech.ca

**SASKATCHEWAN POLYTECHNIC
Regina Campus**
4500 Wascana Pky
Regina SK S4S 5X1
Fax 306-775-7760
RegInbox.Regina@saskpolytech.ca

**SASKATCHEWAN POLYTECHNIC
Saskatoon Campus, Idylwyld Dr.**
1130 Idylwyld Dr N
PO Box 1520
Saskatoon SK S7K 3R5
Fax 306-659-4067
RegInbox.Saskatoon@saskpolytech.ca

SPONSORING AGENCY REPRESENTATIVE MUST COMPLETE THIS FORM

Saskatchewan Polytechnic Course or Program (include course code and number if applicable)	
Saskatchewan Polytechnic Campus ☐ Moose Jaw Campus ☐ Prince Albert Campus ☐ Regina Campus ☐ Saskatoon Campus	
Student Name (in full)	
Former Name (if applicable)	
Student ID No.	Student Birthdate (e.g., 03-Dec-1964)
Student Mailing Address	
Student Main Telephone (Area code required) ☐ home ☐ work ☐ cell	Student Alternate Telephone (Area code required) ☐ home ☐ work ☐ cell

SPONSOR BILLING INFORMATION

Sponsoring Agency or Employer	
Mailing Address	
Contact Name	Telephone Number (Area code required)
Fax Number (Area code required)	Email
The above named sponsoring agency or employer agrees to pay for the following ☐ Tuition and Mandatory Fees* ☐ Books and Supplies ☐ Student Association Fees ☐ Other Costs _____	

*This includes Health & Dental fee. Students may opt out through the Student Association.

DECLARATION

MAY 2021

Please accept this notice of sponsorship on behalf of the above named Saskatchewan Polytechnic student in order to reserve a seat in the above named Saskatchewan Polytechnic course or program. The form will be accepted in lieu of the course registration fee, or in lieu of the current seat deposit required for a Saskatchewan Polytechnic program.

Sponsor Signature _____ Date _____