



Southern Alberta Institute of Technology (SAIT)

**Bachelor of Applied Business Administration
Accounting and Information Technology Major**

ADMISSIONS APPLICATION

NOTE: This application is for the Online Distance Delivery Program ONLY. For applications for the On Campus Classroom based Program please refer to <http://www.sait.ca/calendars> or call (403) 284-8789.

Steps to Completion:

Please keep the following points in mind when filling out the application form:

1. **Include Application Fee** – Your application form must include the application fee of \$35. Fees can be paid through the mail by cheque/money order (payable to SAIT) or by VISA or MasterCard by mail, fax or e-mail. Please ensure you fill in the application fee listed above in the total fees section on page two of the application form.
2. **Order Transcripts**– Applications will not be considered until official transcripts showing successful completion of prerequisite subjects have been received. Incomplete applications will be returned to the prospective student. Please order your transcript from the CGA Association offices (and Post-Secondary Institutions if required). Transcripts should be sent to the address below.
3. **Continuous Application Process** – Upon completion of your prerequisite subjects (Levels 1 to 3 of the CGA Program of Professional Studies) students may apply for the program. Applications are accepted on a continuous basis. Applicants must be designated CGA members or CGA students with Levels 1 - 3 completed prior to acceptance in the degree program.

Note: Applications must be received at least 6 weeks prior to the beginning of the session you want to enroll in. Sessions begin September, December, March and June.

4. **Freedom of Information and Protection of Privacy (FOIP) Declaration** – Applicants must submit a signed copy of the FOIP statement indicating that they agree with the information. If applicants do not complete this section the application will be declined and sent back to the student. This allows your academic information to be exchanged between the CGA Association offices and SAIT.
5. **Submitting the Application** – If you are paying the application fee by Cheque or Money Order, the application and payment must be mailed directly to Bachelor of Applied Business Administration in Accounting and IT Degree Program office. If you are paying by Visa or MasterCard, the application can be mailed, faxed or sent as an e-mail attachment. Please ensure you have provided an email address on your application form.

Southern Alberta Institute of Technology (SAIT)
Bachelor of Applied Business Administration Distance Delivery Program
N701, 1301 – 16 Ave NW
Calgary AB T2M 0L4

Tel: (403) 284-8789
Fax: (403) 284-7086
E-Mail: cga-saitdegree@sait.ca



Bachelor of Applied Business Administration Accounting and Information Technology Major Online Distance Delivery Program

ADMISSIONS APPLICATION

N701, 1301 16 Ave NW
Calgary, AB T2M 0L4
(403) 284-8789 Fax: (403) 284-7086

Have you previously attended SAIT? <input type="checkbox"/> Yes <input type="checkbox"/> No		SAIT I.D. Number (If known):	
Legal Last Name (Surname/Family Name):			
Legal First Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Legal Middle Name:	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other		
Preferred First Name:	Citizenship Status <input type="checkbox"/> Canadian <input type="checkbox"/> Landed Immigrant		<input type="checkbox"/> Refugee <input type="checkbox"/> Visa
Previous Last Name:			
Country of Citizenship:			
First Language:			

PRIOR HISTORY... Please indicate your primary activity and location at the time of application:

Full-time student Employed Unemployed Other Location (Province):

Social Insurance #:	- -	Date of Birth: (Required)	/ / (DD) (MM) (YYYY)
Place of Birth – City:		Country:	

MAILING ADDRESS

Street Address:			
City/Town:	Prov./State:	Postal/Zip:	-
Country:	Home Phone:	() -	
Fax:	Business Phone:	() -	
E-Mail (Required) :			

EMPLOYER/BUSINESS INFORMATION

Name:			
Street Address:			
City/Town:	Prov./State:	Postal/Zip:	-
Country:			
Telephone:	() -	Fax:	() -

EDUCATION

High School Name:								
City/Town:					Province/State:			
Last Grade Completed:		Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Graduation Year:			
Post Secondary Attended:								
City/Town:					Province/State:			
Dates Attended:	/ / (DD) (MM) (YYYY)		TO:		/ / (DD) (MM) (YYYY)			
Degree(s) Attained:	Bachelor/Applied Degree		College Level Diploma (2Years)		College Level Certificate		Other completion beyond High School	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Yes	No	Yes	No	Yes	No

PROGRAM REGISTRATION

CGA Regional Office:			CGA ID Number:	
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Session Start:	Session 1 (Sept)	<input type="checkbox"/>	Session 2 (Dec)	<input type="checkbox"/>	Session 3 (March)	<input type="checkbox"/>	Session 4 (June)	<input type="checkbox"/>
Application Fee	\$35CDN							

CGA Transcripts

Students applying to SAIT must request their CGA Association Office Affiliate forward an official transcript to:

Southern Alberta Institute of Technology
 Bachelor of Applied Business Administration Distance Delivery Program
 Room N701, 1301 - 16th Avenue NW
 Calgary AB T2M 0L4

New applicants are not required to submit transcripts of other prior post-secondary education UNLESS the applicant is applying for transfer credit for a SAIT course. If an applicant is applying for transfer credit, please ensure you have the college/university send the transcript to the above address.

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.

Payment Method:

Visa MasterCard Certified Cheque Money Order

Visa/MasterCard #: _____ Expiry Date: (MM/YY) _____

Transcript and Advance Credit Checklist

<input type="checkbox"/>	I am a CGA member in good standing and have requested a member letter from my Regional CGA Office.
<input type="checkbox"/>	I am a CGA student and have requested transcripts from my Regional CGA Office.
<input type="checkbox"/>	I am seeking advanced credit in Organizational Behavior Fundamentals and have requested official transcripts from my Post Secondary Institution.
<input type="checkbox"/>	I am seeking advanced credit in Marketing Fundamentals and have requested official transcripts from my Post Secondary Institution.
<input type="checkbox"/>	I am a CGA member and am interested in completing individual degree courses for professional development purposes only.
<input type="checkbox"/>	I am a SAIT degree student requesting direct entry after a period of Academic Withdrawal.

FOIP NOTIFICATION STATEMENT

The personal information you provide on the application form is collected under the authority of the Technical Institutes Act and the Freedom of Information and Protection of Privacy Act of the Province of Alberta, Section 33(c). This information will be used to determine your eligibility for admission to a program/course of studies at SAIT, to facilitate your enrollment, to administer and evaluate Institute programs/courses, and for statistical purposes. It may be disclosed to Statistics Canada to comply with the Statistics Act (Canada), to Alberta Learning for statistical, funding, planning, and research purposes, to the Students' Association of SAIT and the SAIT Alumni Association so that they can contact you for membership services. This information will also be maintained in a mailing list for direct marketing purposes, surveys or the distribution of other promotional materials as approved by the Director of Customer Services. Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed on request. If you have any questions about the collection or use of this information, contact the Customer Services' FOIP representative at (403)284-7248.

SOCIAL INSURANCE NUMBER STATEMENT

This information is collected under the authority of the Technical Institutes Act and the Freedom of Information and protection of Privacy Act of the Province of Alberta, Section 33(c). This personal information will only be used in compliance with the Income Tax Act of Canada. Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed on request. If you have any concerns about the collection or use of this information, contact the SAIT's FOIP Facilitator at (403)284-7248.

DECLARATION

I hereby certify that all statements on this application are true and complete in all respects and no relevant information has been withheld. I understand that any misrepresentation on my part may result in cancellation of my admission and registration status. If admitted I agree to comply with all rules and regulations of the Institute. I agree that all documents required for admission become the property of SAIT and will not be returned to me. I have read and understand the above statements.

Signature: _____

Date: (DD/MM/YYYY) _____

"By signing below I hereby grant the Certified General Accountants Association of Canada or Affiliate permission to transfer my personal information on course(s) registration to the Southern Alberta Institute of Technology (SAIT). I also grant SAIT and CGA-Canada or Affiliate permission to exchange my final grade for the above course(s). I am aware that SAIT or CGA-Canada or Affiliate may have access to this information prior to my knowledge of my final grade in the course."

Signature: _____

CGA ID Number: _____

Date: (DD/MM/YYYY) / /

Birth Date: (DD/MM/YYYY) / /