UNIVERSITY OF SASKATCHEWAN

PGME REGISTRATION FORM

Please complete this form in full.

The information provided will be forwarded to the Admissions Office to facilitate your registration as a student and employee. By signing below, you authorize the Postgraduate Medical Education Office to share relevant information with its affiliated agencies. This authorization will remain in effect for the duration of your training program at the University of Saskatchewan.

Personal Information

Last Name (Legal Name)	First Name	Middle Name(s)	Preferred Name
Former Last Name Used (If any)	NSID/Student No. (If known)	College or School U OF S COLLEGE OF MEDICINE	
Address (street, number and apartment) **PLEASE PROVIDE SASKATCHEWAN ADDRESS AS SOON AS POSSIBLE**			
City/Town	Province	Postal Code	Country (If not Canada)
Home Phone	Cell Phone	Email	
Gender ☐ Male ☐ Female		Date of Birth (DD/MMM/YYYY)	
Citizenship ☐ Canada ☐ Work/Student Visa ☐ Work Permit ☐ Landed Immigrant/Permanent Resident Card Date of Landing (DD/MMM/YYYY): _____ Country of Citizenship: _____			

Next of Kin

Last Name	First Name	Telephone	Relationship

Other Information

Program (Degree Sought) POSTGRAD CLIN	Class PGCL 600	Program	Residency Level

Declaration

I confirm that the information given in this form is true, complete, and accurate.

Name	Signature	Date

Please submit the completed form to: pgme.documents@usask.ca

USASK OFFICE USE ONLY