



# Saskatoon School of Horticulture

PO Box 27037  
 Saskatoon SK S7H 5N9  
 306-931-GROW (4769)  
 growyourfuture@gmail.com  
 www.saskhort.com

## APPLICATION FOR ADMISSION

### STUDENT INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Email: \_\_\_\_\_ Birth Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

### PREVIOUS AND CURRENT EDUCATION

#### High School/Secondary Education

| NAME OF HIGH SCHOOL | PROV. | FROM |     | TO   |     | CERTIFICATE OBTAINED/EXPECTED | DATE |     |
|---------------------|-------|------|-----|------|-----|-------------------------------|------|-----|
|                     |       | MON. | YR. | MON. | YR. |                               | MON. | YR. |
|                     |       |      |     |      |     |                               |      |     |
|                     |       |      |     |      |     |                               |      |     |
|                     |       |      |     |      |     |                               |      |     |

#### Post Secondary

| UNIVERSITY, COLLEGE, TECHNICAL INSTITUTE | PROGRAM | PROV. | FROM |     | TO   |     | CERTIFICATE OBTAINED/EXPECTED | DATE |     |
|--|---------|-------|------|-----|------|-----|-------------------------------|------|-----|
|  |         |       | MON. | YR. | MON. | YR. |                               | MON. | YR. |
|  |         |       |      |     |      |     |                               |      |     |
|  |         |       |      |     |      |     |                               |      |     |
|  |         |       |      |     |      |     |                               |      |     |

I am applying as a mature student\*:  Yes  No

\*Definition of Mature Student: Applicant does not possess a high school diploma or equivalent or has been out of high school for a minimum of one year.

### LANGUAGE PROFICIENCY

If English is not your first language, you need to meet the standard requirement as proven by a recognized language proficiency test such as TOEFL (60%), IELTS (6) or CAEL (70%).

[ ] I have included a copy of certification of language proficiency from a recognized testing.

PROGRAM INFORMATION

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

The school year consists of 30 weeks of study. This includes both on-site instruction as well as industry experience.

**School Holidays**

The school will be closed on all statutory holidays and for three weeks over Christmas.

TUITION & FEES:

|  |                                |
|--|--------------------------------|
| <b>Application Fee:</b> \$250.00             | <b>Due:</b> upon application   |
| <b>Tuition:</b> \$ 8995.00                   | <b>Due:</b> August 1, 2018     |
| <b>Books &amp; Materials Fee:</b> \$ 2850.00 | <b>Due:</b> September 10, 2018 |
| <b>Student Fee:</b> \$ 300.00                | <b>Due:</b> September 10, 2018 |

In order to be considered for admittance at the School of Horticulture, please include a 1200 word essay detailing your experience in the horticulture industry, what you hope to gain from your education and your goals in horticulture after graduation.

I have read and understand the Saskatoon School of Horticulture’s conditions of enrolment and regulations as listed on the next page of this application form. If I am accepted, I agree to follow and abide by the School’s terms and regulations while I am a student with the Saskatoon School of Horticulture.

Please accept my \$250.00 non-refundable application fee payable to:  
**The Saskatoon School of Horticulture.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Parent or Guardian (if under 18 years of age)**

\_\_\_\_\_  
**Date**

---

**OFFICE USE ONLY**

Transcript Received:     Yes     No     N/A (Mature Student)

\_\_\_\_\_  
School Representative Signature

Date Application Received: \_\_\_\_\_

Accept     Decline    Reason: \_\_\_\_\_