

## SAINT MARY'S Indigenous Studies Minor UNIVERSITY **Application**

| Student Info      | ormation    |               |        |                   |          |            |           |
|-------------------|-------------|---------------|--------|-------------------|----------|------------|-----------|
| Last Name         |             |               | First  | t Name            |          |            |           |
| Student #         | A00         |               | Ema    | ail               |          |            |           |
|                   | •           |               |        |                   |          |            |           |
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|                   |             |               |        |                   |          |            |           |
| Student Signature |             | Date          |        |                   |          |            |           |
| Com               | plete form  | and return to | the BA | Advising          | Centre ( | BAadvising | g@smu.ca) |
|                   |             |               |        |                   |          |            |           |
|                   |             |               |        |                   |          |            |           |
| Program Au        | ıthorizatio | n             |        |                   |          |            |           |
| Approval          | Yes         |               | lo [   | $\overline{\ \ }$ | Notified | d          |           |
| Signature         |             |               |        | <u> </u>          | Date     | -          |           |
|                   |             |               |        |                   |          |            |           |
| Service Cen       | tre Autho   | rization      |        |                   |          |            |           |
| Date              |             | Date          |        |                   |          | Processed  |           |
| Received          |             | Proc          | essed  |                   |          | Ву         |           |