



**DECLARATION OF ATTENDANCE AT SCHOOL OR UNIVERSITY**

Canada Pension Plan

**SECTION A - TO BE COMPLETED BY STUDENT**

1. SOCIAL INSURANCE NO. OF CONTRIBUTOR	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	CONTRIBUTOR'S GIVEN NAME AND INITIAL	FAMILY NAME
2. YOUR SOCIAL INSURANCE NO.	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	YOUR GIVEN NAME AND INITIAL	FAMILY NAME
3. MAILING ADDRESS	Number and Street    P.O. Box or R.R. No.    City, Town or Village		
	Province / Territory    Country		Postal Code
4. HOME ADDRESS (If different from mailing address)	Number and Street    P.O. Box or R.R. No.    City, Town or Village		
	Province / Territory    Country		Postal Code
5A. Student ID Number	5B. Name of School, University, College, Junior College, Training Center, etc.		
6A. TYPE OF ENROLLMENT (if "EVENING" or "OTHER", please provide an explanation in Number 8)		6B. NUMBER OF COURSES	6C. ENROLLED IN (Specify Course, Grade or Program)
<input type="checkbox"/> FULL TIME <input type="checkbox"/> EVENING TIME <input type="checkbox"/> OTHER			
7A. NUMBER OF HOURS YOU ARE REQUIRED TO ATTEND PER WEEK FOR COURSE, GRADE OR PROGRAM.	7B. WHEN DID OR WILL YOUR CURRENT ATTENDANCE BEGIN?		7C. WHEN WILL YOUR CURRENT ATTENDANCE END?
Hours per week   ▶	<div style="text-align: right;">Year      Month</div> ▶		<div style="text-align: right;">Year      Month</div> ▶
8. Give duration and reasons for any absence(s) during your current and past academic year plus any additional explanation with reference to question 6A above.			
9. HAVE YOU APPLIED FOR OR ARE YOU RECEIVING A CANADA PENSION PLAN BENEFIT AS A RESULT OF THE DISABILITY OR DEATH OF A CONTRIBUTOR NOT IDENTIFIED IN 1. ABOVE?		SOCIAL INSURANCE NO. OF THAT CONTRIBUTOR	
<input type="checkbox"/> YES <input type="checkbox"/> NO		▶	

**IT IS AN OFFENCE TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS DECLARATION**

I hereby declare that, to the best of my knowledge and belief, the information given above is true and complete. I understand to notify Service Canada should I **interrupt** or **terminate** my attendance at school or university. I hereby authorize the above school or university to provide the Canada Pension Plan Administration with information regarding my enrollment and attendance.

DATE	SIGNATURE OF STUDENT	TELEPHONE NUMBER (      )
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**SECTION B - TO BE COMPLETED BY SCHOOL OR UNIVERSITY**

To the best of our knowledge and belief, the answers to the questions in Section A above, are correct unless otherwise stated below:  
 Additional Comments:

Does the above noted course load meet or exceed the minimum requirement to be considered a full-time student at your school or university?     YES       NO

NAME AND ADDRESS OF SCHOOL OR UNIVERSITY	NAME OF AUTHORIZED PERSON
	SIGNATURE
	TITLE
	DATE    TELEPHONE NO. (      )





## Service Canada Offices

Your form(s) should be mailed to the nearest Service Canada office. These offices are shown below. If you need any help while you are completing your form(s) and you are in **Canada or the United States**, you can phone our toll-free number **1 800 277-9914**. For people with speech or hearing impairments using a teletypewriter device (TTD/TTY), call **1 800 255-4786**. Our lines are busiest at the beginning and end of each month, so if your business can wait, it's best to call at other times. Please have your social insurance number ready. **Note:** If you are applying from outside of Canada, mail your form(s) to the office in the province where you last resided.

### NEWFOUNDLAND AND LABRADOR

Service Canada  
P.O. Box 9430  
St. John's NL A1A 2Y5

### ONTARIO (Timmins)

Service Canada  
P.O. Bag 2013  
Timmins ON P4N 8C8

### PRINCE EDWARD ISLAND

Service Canada  
P.O. Box 20105  
Sherwood Postal Outlet  
Sherwood PE C1A 9E3

### ONTARIO (Chatham)

Service Canada  
P.O. Box 2020  
Chatham ON N7M 6B2

### NOVA SCOTIA

Service Canada  
P.O. Box 1687  
Postal Station "M"  
Halifax NS B3J 3J4

### MANITOBA AND SASKATCHEWAN

Service Canada  
P.O. Box 818  
Station Main  
Winnipeg MB R3C 2N4

### NEW BRUNSWICK

Service Canada  
P.O. Box 250  
Fredericton NB E3B 4Z6

### ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada  
P.O. Box 2710  
Main Station  
Edmonton AB T5J 4C2

### QUEBEC

Service Canada  
P.O. Box 1816  
Quebec QC G1K 7L5

### BRITISH COLUMBIA AND YUKON

Service Canada  
P.O. Box 1177  
Victoria BC V8W 2V2

### ONTARIO (Scarborough)

Service Canada  
P.O. Box 5100  
Postal Station "D"  
Scarborough ON M1R 5C8

**Ce formulaire est disponible en français - ISP-3501F**