

Part-Time Studies Loan Application Update

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Complete only those sections of the form relating to the information you wish to change. Remember to sign the form and to have your spouse, parents or sponsor sign the form if you are reporting a change in their circumstances.

STUDENT	Ministère de l'Éducation permanent code
INFORMATION	
name	
1 Change Relating to the Student	
A Address	B Civil Status or Situation
I wish to inform you of a change in my address	I have been: I married I divorced I widowed
or in that of my infather or sponsor in that of my infather or sponsor infather or sponsor infather or sponsor infather	de facto separated legally separated
Mailing address Number Street	Y M D
Street (cont.) Apartment	My father or sponsor has been deceased since
	My mother has been Y M D
	deceased since Y M D
Province Country	of a single-parent familysince
	I have been living with a de facto
Postal code Ext.	spouse and at least one child since Y M D
	I have ceased living with my spouse since
E-mail (optional):	
B Civil Status or Situation (cont.)	
Check only one of the following boxes.	
☐ I have earned 90 credits toward a single degree (i.e. in the same progra	am) at a Québec university or at a university outside Québec.
I have earned a bachelor's degree in Québec.	
I am at least 20 weeks pregnant.	
\Box I have been in one or both of the following situations for a total period of at I	east 24 months, without ever studying full-time during this period:
(1) I have held a paid job or have received employment insurance or inco	me replacement benefits while living with my parents or elsewhere.
(2) I have supported myself while not living with my parents or sponsor.	Y M D
Please give the date on which the change occurred:	
C Educational Institution	
Complete this section if you have transferred or are transferring to a different edu hours or credits for which you are enrolled during a given term. You must give the is the number of course hours or credits.	
Name of educational institution	Institution code Number of hours or credits
SUMMER 2004	
FALL 2004	hours Credits
WINTER 2005	hours credits
SUMMER 2005	
Ministère de l'Éducation	22-1234A (03-1

22-1234A (03-12)

2 Dependent Children	
*	on or to advice up that you have one or more children 10 years of are an aver
with a major functional disability. A major functional disability is a handica	ren or to advise us that you have one or more children 12 years of age or over that significantly and persistently limits a person's ability to perform normal
daily tasks. Such a handicap must be attested by a medical certificate.	Y N D
Child's last name Date of birth	Child's last name Date of birth
Child's first name	Child's first name
This child is no longer is Y M D my dependentsince	This child is no longer is Y M D my dependent since I I I I
has a major functional disability	has a major functional disability
3 Student's Spouse	
Complete this section if you are now married or living with someone in a c	le facto union.
Last name	Date of birth Social insurance number Y M D
First	
Please enclose Schedule 1TP-Student's Spouse. This form is available	e from the financial assistance office at your educational institution.
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
4 Student's Custody	
	Y M D
Indicate who now has physical custody of you:	
Both parents Father Mother Sponsor	-
Please enclose Schedule 2TP-Student's Parents or Sponsor. This form is	available from the financial assistance office at your educational institution.
5 Drop in Income	
5 Drop in Income	
Complete this section if you expect your family income for 2004 to drop	by at least 10% compared with that for 2003. You must take into account situation, your family income may include your income and that of your
Complete this section if you expect your family income for 2004 to drop all amounts received or to be received in 2004. Depending on your spouse, parents or sponsor.*	
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Father's or sponsor's signature

Mother's signature