

# Confirmation of Student Status — Part-Time, Deemed Full-Time

This form is intended for students who wish to obtain confirmation that they are or were pursuing part-time studies that are deemed full-time studies under the Loans and Bursaries Program. (See accepted situations in Section 3). The educational institution must be recognized by Aide financière aux études (AFE). This confirmation will exempt the students from repaying the student loan debt they contracted under the Loan Program for Part-Time Studies for the study period indicated herein. A form must be submitted for each study period.

Reserved for Aide financière aux études

## Section 1 Student Information

Last name		Ministère de l'Éducation permanent code	
First name		Social insurance number	
Number	Street	Direction (North, South, East, West)	
Apartment	Municipality		
Municipality (cont.)	Province	Postal code	Telephone number (home) Area code
Country	Other telephone number Area code		Extension
E-mail address			
(only if you wish to receive your correspondence by E-mail)			

## Section 2 Confirmation of Student Status

Have this section completed by the Registrar or the appropriate authority at the financial assistance office of your educational institution.

Name of educational institution		Code of educational institution	
Number	Street	Direction (North, South, East, West)	
Municipality			
Municipality (cont.)	Province	Postal code	
Country	Telephone number Area code		Extension

\_\_\_\_\_

# Section 2 Confirmation (Cont.)

## Confirmation of Student Status

Please give the name of the program or faculty.

Code du programme

\_\_\_\_\_

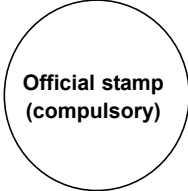
I hereby confirm that the above-named person is or was pursuing part-time studies.....

From Y M D To Y M D

With respect to educational institutions located in Québec as well as educational institutions located outside Québec that are designated for the purposes of loans and bursaries or for the purposes of loans only under the Loans and Bursaries Program, a person is deemed a part-time student during a study period if he or she is not a full-time student and receives at least 20 teaching hours monthly.

Signature of Registrar or authorized representative at the financial assistance office.

Date Y M D



X \_\_\_\_\_

# Section 3 Student's Situation

## Student's Situation

Check one box only that applies to your situation during the study period concerned.

A.  I am at least 20 weeks pregnant and

I reached my 20th week of pregnancy on .....

Y M D

Enclose an *Attestation of Pregnancy* form completed by a doctor or certified midwife.

B. I am the head of a single-parent family and

I have a child under 12 years of age living with me.

or

I have a child under 21 years of age living with me. This child has a major functional disability within the meaning of *the Act respecting financial assistance for education expenses*.

C. I have a spouse and

I have a child under 6 years of age living with me.

or

I have a child under 21 years of age living with me. This child has a major functional disability within the meaning of *the Act respecting financial assistance for education expenses*.

If you checked one of the boxes under B or C, give the first and last names and date of birth of only one child living with you who meets the above criteria.

First name

\_\_\_\_\_

Last name

\_\_\_\_\_

Date of birth

Y M D

# Section 4 Signature

## Signature

I certify that the information I have provided is accurate and complete.

Signature X \_\_\_\_\_

Date Y M D

Aide financière aux études reserves the right to verify the information provided.