

This form is intended for students who wish to obtain confirmation that they are or were pursuing part-time studies. 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.

Section Student Information	
Last name	Ministère de l'Éducation permanent code
First name	Date of birth 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	
	our correspondence by E-mail)

Do not forget to have the appropriate authority at your educational institution fill the section on the back.

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	
Please give the name of the program or faculty. Program code	
From To	
I hereby confirm that the above-named person is or was pursuing part-time studies.	
Date	
If applicable, check one of the following boxes and give the event date.	
Withdrawal	
Date	
With respect to the educational institutions in or outside Québec that are recognized for the purposes of loans under the Loans Program for Part-Time Studies, a person is deemed a part-time student during a study period if he or she is enrolled for the following number of course hours or credits:	
Secondary school vocational education: 76 to 179 course hours or 6 to 11 credits	
College: 76 to 179 course hours or 2 or 3 courses	
University: 6 to 11 credits	
Official stamp	
Signature of Registrar or authorized representative at the financial assistance office Date (compulsory)	