

This form must be completed by the person in charge of student financial assistance at the educational institution. If a change of educational institution is being reported, the form must be completed by the person in charge of student financial assistance at the new educational institution.

Award year

_____ - _____

Section 1 Student Information

Last name

Permanent code assigned by the Ministère

First name

Date of birth

____ Y ____ M ____ D

Social insurance number

Number

Street

Direction

(North, South, East, West)

Apartment

Municipality

Municipality (cont.)

Province

Postal code

Telephone number (home)

Area code

If the student's mailing address has changed since his or her last application for financial assistance, specify when the change occurred.

____ Y ____ M ____ D

Is this new mailing address the parents' home address? Yes No

Section 2 Former Educational Institution

This section must be completed by the person in charge of student financial assistance at the educational institution entered in the student's file, if the student did in fact attend this institution.

If not, check this box: In this case, Section 3 must be completed by the person in charge of student financial assistance at the educational institution the student is currently attending.

Check the statement that applies to the student and provide the requested information.

The student was studying full-time.

The student was doing a full-time practicum.

Start date

____ Y ____ M ____ D

End date

____ Y ____ M ____ D

Name of educational institution

Code

If the educational institution was a university in Québec, give the number of credits for which the student was enrolled.

Fall

Winter

Summer

I hereby certify that the student identified in Section 1 was enrolled as a full-time student at the above-mentioned educational institution and that the information provided is accurate and complete.

Signature of person in charge **X** _____

____ Y ____ M ____ D

Section 3 New Educational Institution

Check the statement that applies to the student and provide the requested information.

The person is a full-time student The person is doing a full-time practicum

Start date: Y M D End date: Y M D

Name of educational institution _____ Code _____

Name of program _____ Code _____

In what year of the program will the student be enrolled in 2006-2007? _____

During the period given, is the student residing or will the student be residing with his or her parents or sponsor?..... Yes No

If the educational institution is a university in Québec, give the number of credits for which the student is enrolled. Fall Winter Summer

I hereby certify that the student identified in Section 1 is enrolled as a full-time student at the above-mentioned educational institution and that the information provided is accurate and complete.

Signature of person in charge X _____ Date: Y M D

Section 4 Program of Study

This section serves to report a change of program of study or a change in the name or code of the current program. The student need not necessarily have changed educational institutions.

For each situation, specify the change being reported and provide the requested information.

1 Situation 1

New program Change concerning the current program

Name of program _____ Code _____

Start date: Y M D End date: Y M D Year of the program

2 Situation 2

New program Change concerning the current program

Name of program _____ Code _____

Start date: Y M D End date: Y M D Year of the program

3 Situation 3

New program Change concerning the current program

Name of program _____ Code _____

Start date: Y M D End date: Y M D Year of the program

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

Signature of person in charge X _____ Date: Y M D