

This form is to be completed by students who, as part of their program of study, must do a compulsory practicum (period of practical training in the workplace) requiring that they live away from their place of residence. Complete one form per practicum.

Section 1 Student Information

Last name

Permanent code assigned by the Ministère

First name

Date of birth Y M D

Social insurance number

Award year -

Section 2 Program of Study

Name of educational institution

Code

Name of program

Code

Section 3 Practicum

Complete this section and have it signed by the person in charge of financial assistance at your educational institution.

You must be doing a recognized and compulsory practicum and **be living away from your usual place of residence during the practicum** in order to be allowed practicum expenses.

If you have a spouse and your practicum lasts a full term, you will be allowed practicum expenses only if your spouse is living at your usual place of residence.

Check the statement that applies to your situation.

- I am enrolled as a full-time student for a term during which my studies consist of courses or practicums.
- I am enrolled as a full-time student for a term during which my studies consist of a practicum only and my spouse is living at our usual place of residence.

Give the start and end date of the practicum.

Start date Y M D End date Y M D

Name and address of host institution. _____

Postal code

How many weeks will the practicum last? _____ Will you be living away from your usual place of residence during the practicum? Yes No

Signature of financial assistance officer _____

Date Y M D

Section 4 Student's Signature

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

Signature _____

Date Y M D