

This form must be completed by students who declare having been in one or both of the following situations for a total period of at least 24 months WITHOUT ever studying full-time during this period:

- have held a paid job (as either an employee or a self-employed worker) or have received employment insurance or income replacement benefits (CSST, SAAQ, RRQ, CPP, HRDC or MRCI) while living with their parents or elsewhere
- have supported themselves while not living with their parents or sponsor

## Section 1 Student Information

Last name \_\_\_\_\_ Permanent code assigned by the Ministère \_\_\_\_\_

First name \_\_\_\_\_

## Section 2 Periods of Employment (Independence)

Please give a chronological list of the periods during which you were employed or supported yourself, starting with the most recent. To determine the number of weeks corresponding to each situation, please refer to section A of the "Information" section on the back of this form. Please attach an official attestation from the employer or organization concerned for each situation (see section D on the back of this form).

Please indicate the end date of your last period of full-time study \_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_

Dates	Number of weeks	Situation	Reserved for Aide financière aux études		
			Nombre de semaines reconnu	Écart	Raison
Start date Y M D _____ End date Y M D _____		I held a job. _____ <input type="checkbox"/> Employer I received employment insurance or income replacement benefits. _____ <input type="checkbox"/> I supported myself while not living with my parents or sponsor. _____ <input type="checkbox"/>			
Start date Y M D _____ End date Y M D _____		I held a job. _____ <input type="checkbox"/> Employer I received employment insurance or income replacement benefits. _____ <input type="checkbox"/> I supported myself while not living with my parents or sponsor. _____ <input type="checkbox"/>			
Start date Y M D _____ End date Y M D _____		I held a job. _____ <input type="checkbox"/> Employer I received employment insurance or income replacement benefits. _____ <input type="checkbox"/> I supported myself while not living with my parents or sponsor. _____ <input type="checkbox"/>			
Start date Y M D _____ End date Y M D _____		I held a job. _____ <input type="checkbox"/> Employer I received employment insurance or income replacement benefits. _____ <input type="checkbox"/> I supported myself while not living with my parents or sponsor. _____ <input type="checkbox"/>			

