

This form must be completed by the student who has reported that he or she is pursuing studies in an educational institution located outside Québec and by the appropriate authority at the educational institution. The form is intended to provide proof of admission and/or school attendance.

It must be returned by the student to Aide financière aux études (AFE), which will then be able to grant the student any financial assistance to which he or she may be entitled.

Reserved for Aide financière aux études

Section 1 Student's Personal Information

Last name _____ Permanent code assigned by the Ministère _____
 First name _____ Date of birth (Y M D) _____ Social insurance number _____

Section 2 Educational Institution

Name of educational institution _____ Code assigned by the Ministère to the educational institution (if known) _____
 Number _____ Street _____ Direction (North, South, East, West) _____
 Municipality _____
 Municipality (cont.) _____ Province _____ Postal code _____
 Country _____ Telephone number (Area code) _____

Section 3 Proof of Admission

If requested by AFE, you must have this section completed by the appropriate authority at the registrar's office or the financial assistance office of your educational institution, or by the person in charge of your program of study.

Study period to which this section refers. (See letter from AFE.) Winter Summer

Start date of study period (Y M D) _____ End date of study period (Y M D) _____

Name of program or faculty _____ Code assigned by AFE to the program (if known) _____

Check off the appropriate box to indicate what the student's main activity is supposed to be during the period in question.

University	Bachelor's degree	<input type="checkbox"/> Full-time studies	<input type="checkbox"/> Full-time practicum	
	Master's degree	<input type="checkbox"/> Full-time studies	<input type="checkbox"/> Full-time practicum	<input type="checkbox"/> Writing of thesis or dissertation
	Doctoral degree	<input type="checkbox"/> Full-time studies	<input type="checkbox"/> Full-time practicum	<input type="checkbox"/> Writing of thesis or dissertation
	Other	<input type="checkbox"/> Full-time studies	<input type="checkbox"/> Full-time practicum	

The person named in section 1 is to pursue **full-time studies** in our educational institution during the study period indicated above. Yes No

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

Signature of appropriate authority at the educational institution _____ Date (Y M D) _____

X _____

