



Reserved for Aide financière aux études

This form is intended for students who wish to obtain confirmation that they are or were pursuing full-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 Loans and Bursaries Program and the Loan Program for Part-Time Studies for the study period indicated herein. A form must be submitted for each study period.

**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
_____	_____	_____	_____
Country	Other telephone number Area code		Extension
_____	_____		_____
E-mail address _____			
(only if you wish to receive your correspondence by E-mail)			

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

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\_\_\_\_\_

# 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. This person will determine your student status based on the educational institution's regulation.

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

Y M D

\_\_\_\_\_

To

Y M D

\_\_\_\_\_

I hereby confirm that the above-named person is or was pursuing full-time studies. ....

Date

Y M D

\_\_\_\_\_

If applicable, check one of the following boxes and give the event date.

Withdrawal .....

Date

Y M D

\_\_\_\_\_

Cancellation .....

Signature of Registrar or authorized representative at the financial assistance office

Date

Y M D

\_\_\_\_\_

X

