



**Saskatchewan  
Advanced Education  
and Employment**

Student Financial  
Assistance

4635 Wascana Parkway  
Box 650  
Regina SK S4P 3A3  
(306) 787-0923  
1-800-597-8278

**2006-2007**

**Program Information**

*(For Provincial Training Allowance Programs Only)*

File No.

For Office Use Only

A. Client SIN#: \_\_\_\_\_

Full Name (please print) \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL OFFICIAL**

B. Name of School and Address you want School's copy of PTA results mailed to:

Name \_\_\_\_\_

Address \_\_\_\_\_

**Information for School Official**

- The purpose of this form is to provide information on the study period dates of the student's program.
- This form confirms enrolment.
- This form will cover a maximum of **one academic year (up to 52 weeks)**. Another form must be completed for further academic years. This form is to be completed for **Provincial Training Allowance (PTA) programs only**.

**REMINDER:**

The application for PTA must be received at least 7 business days prior to the 15th of the month in order to ensure that the student receives PTA for the next month if they are currently receiving Social Assistance.

**Section C**

- State the name of the program, the program session number and the dates the student will be attending.
- An extension date field is listed below the start and end date fields. This is to be used only when there is an extension of five weeks or less to the original end date. If the extension exceeds five weeks a new Program Information Form is completed listing the new start and end dates and the student must submit an entire new application.
- Indicate the enrolment status.
- Indicate the Program Category. If the program is bridging, the Bridging Agreement number must be stated.

C. Program: Name \_\_\_\_\_ Session # \_\_\_\_\_

**Program Start and End Dates: THIS PERIOD CANNOT EXCEED 52 WEEKS**

Start Date  

Day	Month	Year
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End Date  

Day	Month	Year
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Enrolment Status:  
 Part-time     Full-time

Extension Date:  

Day	Month	Year
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Program Category. Check (✓) the applicable box.

Basic Education & Related Studies

Skills Training

Bridging

Bridging Agreement # \_\_\_\_\_

**Please notify Student Financial Assistance Branch promptly if any of this program information changes.**

**Signature of Signing Official**

\_\_\_\_\_  
 Signing Official's Name (print)

**X** \_\_\_\_\_

\_\_\_\_\_  
 Signing Official's Title (print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signing Official's Telephone Number

\_\_\_\_\_  
 Email Address: