



IMPORTANT!

- This completed form confirms enrolment for the **Canada/Saskatchewan Study Grant Program only**. The regular process must continue to be followed to confirm enrolment for **student loan purposes**.
- Return this completed document directly to:
Dolores Bedo, Student Financial Assistance Branch,
Saskatchewan Advanced Education and Employment
4635 Wascana Parkway, Box 650, Regina SK S4P 3A3

STUDENT INFORMATION - <i>To be completed by Student. Please print clearly</i>	File No	Social Insurance No.										
Name of Student												
Student's Mailing Address <i>Is this a change in your mailing address?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	Confirmation of Enrolment - to be completed by Educational Institution											
Telephone No: Name and Address of Next of Kin Telephone No:	<p>This is to confirm that the above-named student is enrolled as a full-time or part-time student as defined by the Canada Student Loans Act and the Canada Student Financial Assistance Act at this institution in an approved course of studies for the period of study indicated below. Not to be signed more than 30 days prior to course start date. To be signed only by school official with signing authority for student loan purposes.</p> <p style="text-align: center;">CONFIRMATION CANNOT EXCEED 52 WEEKS OF STUDY</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Period of Study Start Date</td> <td style="text-align: center; border-bottom: 1px solid black;">Period of Study End Date</td> </tr> <tr> <td style="text-align: center; border-bottom: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; text-align: center;">day</td> <td style="width: 33%; border-right: 1px solid black; text-align: center;">month</td> <td style="width: 33%; text-align: center;">year</td> </tr> </table> </td> <td style="text-align: center; border-bottom: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; text-align: center;">day</td> <td style="width: 33%; border-right: 1px solid black; text-align: center;">month</td> <td style="width: 33%; text-align: center;">year</td> </tr> </table> </td> </tr> </table>		Period of Study Start Date	Period of Study End Date	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; text-align: center;">day</td> <td style="width: 33%; border-right: 1px solid black; text-align: center;">month</td> <td style="width: 33%; text-align: center;">year</td> </tr> </table>	day	month	year	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; text-align: center;">day</td> <td style="width: 33%; border-right: 1px solid black; text-align: center;">month</td> <td style="width: 33%; text-align: center;">year</td> </tr> </table>	day	month	year
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Name and Address of Specified Educational Institution Telephone No:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Name of Official</td> <td style="width: 30%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Title</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of Official</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>		Name of Official		Title		Signature of Official					
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DECLARATION - To be completed by student												
<p>I certify that all information on this document is correct as of the effective date below.</p> <p style="margin-top: 20px;"> X _____ Date _____ Student Signature </p>												

Completed form to be forwarded directly to **Dolores Bedo** at the address listed above.