

STUDENT CHANGE FORM

NAME: _____

SIN: _____

Please make the following change(s) to my file:

- My address has changed** (provide complete address and telephone number)
New: _____

Old: _____

- Reassess my application to add on the Winter or Spring/Summer semester** (Program Cost Form required if not already on file; supplementary application required if student received funding in both the Fall and Winter semesters)
- Reassess my application to add on additional weeks** (Program Cost Form is required)
- My study period income has changed** (provide details below and attach confirmation of income)
- I am reporting part-time income and/or other financial resources** (provide details below and attach a completed Skills Development or Employment Insurance Information form)
- Other** (provide details below)

Details

SIGNATURE: _____

DATE: _____