

2007-2008 REQUEST FOR PROGRAM INFORMATION



- ◆ For students planning to attend Intersession and/or Summer Session at a university
- ◆ For students planning to attend any private Post-Secondary Educational Institution (*Note: If you plan to attend a private Post-Secondary Educational Institution located in the Province of New Brunswick, this form may not be required. Check with the educational institution you plan to attend – they will be able to advise you if the form is required.*)
- ◆ For students planning to attend a Post-secondary Educational Institution **outside** the Atlantic Provinces

A. PERSONAL INFORMATION (to be completed by the student)

Fill in this section only. Your post-secondary educational institution is responsible for filling out your program and post-secondary educational institution information on the rest of this form and is directed to return this form to you.

Please attach the completed form to your completed application for student financial assistance and send both to the address indicated below.

Social Insurance Number Telephone Number ()

Last Name First Name Initial

Mailing Address (Street number and name) Apt. No.

City Province Postal Code Name of Program

B. PROGRAM INFORMATION (to be completed by the post-secondary educational institution)

The New Brunswick Student Financial Assistance Program provides financial assistance to post-secondary students who are in financial need. The program and cost information that you fill in below will be used to assess the student's application for financial assistance for the 2007-2008 academic year he/she plans to enrol.

Program of Study Level of Study 1=Certificate 4=Master
2=Diploma 5=Doctoral
3=Bachelor

Year of Study of Co-op Program 1=Yes 2=No In what currency are your fees being indicated? (Please specify)

Canadian dollars US dollars Other

Semestering Institutions

	Day	Month	Year	Day	Month	Year	% Full-time Course Load	Tuition Fees	Student Fees	Book Costs
Intersession/Summer Session	<input type="text"/>	<input type="text"/>	20 <input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
First Semester (Fall)	<input type="text"/>	<input type="text"/>	20 <input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Second Semester (Winter)	<input type="text"/>	<input type="text"/>	20 <input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Co-op Work Term	<input type="text"/>	<input type="text"/>	20 <input type="text"/>	to	<input type="text"/>	<input type="text"/>		Co-op Work Term Fees	\$ <input type="text"/>	

Non-semestering Institutions

Period of Study 20 to 20

% Full-time Course Load	Tuition Fees	Student Fees	Book Costs
<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Total Number of Weeks Indicate any break during study period 20 to 20

OTHER FINANCIAL ASSISTANCE

Please indicate if student is receiving any other form of financial assistance - i.e. scholarship or bursary assistance, employment insurance (EI benefits), sponsorship, etc.

PLEASE INDICATE SOURCE AND AMOUNT.

Source	Amount
<input type="text"/>	\$ <input type="text"/>

C. POST-SECONDARY EDUCATIONAL INSTITUTION INFORMATION (to be completed by the institution)

Name of Institution Institution Code

Mailing Address (City, Town or Post Office)

Province/State Postal Code/Zip Code Country

Telephone Number () Fax Number ()

Name of person completing this form (print)

Signature of person completing this form Date