

This form is used to certify that the student has a **permanent physical or mental disability resulting in a significant and persistent impairment which causes them to encounter major obstacles** in pursuing full-time studies or eventually entering the labour market. In Section 3, the physician or health care professional, during their evaluation, must consider the means used to offset the effects of the impairment.

We invite you to transmit this duly-completed form to us by uploading it directly in your Student Financial Assistance File. You will find the submission procedure on our website.

Important informations

This form must be completed as part of an application under the **Loans and Bursaries Program** or the **Allowance for Special Needs Program**.

Loans and Bursaries Program

Sections 1, 2, 3 and 4 must be completed.

The student may benefit, depending on the case and under certain conditions, from the following accommodation measures:

- **Receive financial assistance completely in the form of a bursary** if the student encounter major obstacles in their eventual entry to the labour market full-time or part-time for the rest of their life due to their disability (Section 3A, question 1);
- **Possibility of receiving financial assistance between two study periods**, generally during the summer, if the student is not in studies or able to work to provide for their needs during this period due to their disability (Section 3A, question 2);
- **Remain eligible for the Loans and Bursaries Program** even if the student is in part-time studies because they are unable to pursue full-time studies due to their disability (Section 3B, questions 1 and 2).

Allowance for Special Needs Program

Sections 1, 2 and 4 must be completed.

The student may receive, depending on the case and under certain conditions, financial assistance for the specialized services, material resources, housing allowance and paratransit services they need to compensate for the effects of their disability in order to pursue their studies.

For other needs related to studies

The student must contact their educational institution (e.g. for more time to complete their exams, or to take them in a separate room).

Information for the student

Sections 1 and 4 must be completed by the student.

Additionally, if a diagnosis has already been made, please also include a copy of the medical certificate or any other document confirming the diagnosis. For example, it can be a copy of the Canadian National Institute for the Blind (CNIB) card or an audiogram.

If the physician or health care professional indicates that you are unable to pursue full-time studies for the rest of your life, you will not have to resubmit this form if you continue your studies.

Please note that electronic signatures are not accepted.

Information for the physician or health care professional

Section 2 (Recognition of a Disability) must only be completed by a physician or be accompanied by a document confirming the diagnosis.

Section 3 (Evaluation of the Impairment and Obstacles) may be completed by a physician or a professional within the meaning of the Professional Code (CQLR, c. C-26) who possesses the skills required to perform the requested evaluation.

Please note that electronic signatures are not accepted.

Section 3 – Evaluation of the Impairment and Obstacles (cont.)

B – Pursuing full-time studies

Can you confirm that, despite technical means, medication, therapy, or any other element that allows to correct or reduce the impairment, the disability that this student has results in significant and persistent limitations that render them unable to pursue their studies in vocational training at the secondary level or their post-secondary studies on a full-time basis?

- 1. For the rest of their life? Yes No
- 2. During the 2024-2025 school year? Yes No

Details, if any:

Indicate the date on which these significant and persistent limitations began (required):

Date
Y M D

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Identification of the physician or professional

Last name	Medical licence number
<input type="text"/>	<input type="text"/>

First name	Telephone <small>Area code</small>	Fax <small>Area code</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Profession:

Office address:

Signature of the physician or professional who completed Section 3 of the form.

As a physician or health care professional, I hereby certify that the information provided in Section 3 is accurate and complete.

Signature **X**

Date
Y M D

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Making a false declaration is a serious offence.

Section 4 – Authorization of the student

I hereby authorize the physician or the health care professional to provide the Ministère de l'Enseignement supérieur with any information related to the present or past state of my physical or mental health.

Signature **X**

Date
Y M D

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Making a false declaration is a serious offence.