

Confirmation of Student Status - Full-Time

2006 (1 de 2)

Reserved for Aide financière aux études

This form is intended for persons who must obtain confirmation of full-time student status from an educational institution recognized by Aide financière aux études **for a study period for which they did not apply for student financial assistance**. Such confirmation exempts them from the obligation to repay, during the study period indicated, their student loan debt contracted under the Loans and Bursaries Program or the Loans Program for Part-Time Studies.

This form must be used only if the educational institution cannot provide electronic confirmation via the Contact system.

Please submit this fully-executed form by uploading it right into your online file.

Section 1 – Student Information		
Last name	Permanent code assigned by the Ministère	
First name Date of birth	Social insurance number	
Number Street	Direction (North, South, East, West)	
Apartment Municipality		
Municipality (cont.) Province Postal code	Telephone number (home)	
Country Other	r telephone number ode Extension	
E-mail address		
(If you provide your e-mail address, you will receive your correspondent	ce by e-mail.)	

Do not forget to have an authorized person at your educational institution fill out **the section** on the back.

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Permanent code assigne	d by the Ministère						2006 (2 de 2
Section 2 – Attest	tation of the Educational	Institution					
	ed out by an authorized person oblish your full-time student statu					nstitution o	r the Registrar's office.
Name of educational inst	itution				Cod	de of education	nal institution
							Direction
Number I I	Street						(North, South, East, West)
Municipality							
					Щ		
Municipality (cont.)	P	rovince Post	al code				
Country					Telephone	number	
				, 1	Area code		Extension
Diameter in the control	- C.U						
Please give the name of	of the program				Program co	ode	
•	ne person identified in section 1 is o			m Y <u> </u>	М	To	Y M D
If applicable, check one	e of the following boxes and give the	e event date.	Date	e Y	М	D	
Withdrawal			L				
			Date	e Y	М	D	
Cancellation				<u>L </u>	<u> </u>		Official stamp
							(compulsory)
Signature of the auth	norized person at the financial as	sistance office or t	he Registrar	D	ate Y	M D	
<u>X</u>				L			
Additional Inform	nation						
If the person identified in	n section 1 is or was pursuing univer	sity studies, indicate h	nis or her main acti	ivity durir	ng the perio	d in question.	
Bachelor's	☐ Full-time studies	☐ Full-time p	oracticum				
Master's	☐ Full-time studies	☐ Full-time p	oracticum		Drafting of	thesis	
Doctoral	Full-time studies	☐ Full-time r	oracticum		Drafting of	dissertation	

Check this box if the person identified in section 1 is completing a college studies program (DCS or ACS) and only 3 courses or 179 course

Check this box if the person identified in section 1 has a major functional disability recognized by Aide financière aux études and if, for the study

hours are required to complete the studies prescribed in the program.

period indicated, he or she is or was enrolled for at least 20 course hours a month.