

Confirmation of Student Status – Part-Time, Deemed Full-Time

2075 (1 of 2)

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

Reserved for Aide financière aux études

To obtain part-time status deemed full-time, a person must be pursuing part-time studies and be in one of the situations listed in section 3.

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 Social insurance number		
Number Street Direction (North, South, East, West)		
Apartment Municipality		
Municipality (cont.) Province Postal code Telephone number (home)		
Area code		
Country Other telephone number Area code Extension		
Area code Extension		
E-mail address		
(If you provide your e-mail address, you will receive your correspondence by e-mail.)		
Section 2 — Attestation of the Educational Institution		
Have this section filled out by an authorized officer of the financial assistance office of your educational institution or the Registrar's office.		
Name of educational institution Code of educational institution		
Number Street Direction (North, South, East, West		
Municipality		
Municipality (cont.) Province Postal code		
Country Telephone number Area code Extension		

Section 2 — Attestation of the Educational Institution (cont.)	
Please give the name of the program	Program code
I hereby confirm that the person identified in section 1 is or was pursuing part-time studies during the study period specified:	To y M D
With respect to educational institutions located in Québec as well as educational institutions locat the purposes of loans and bursaries or for the purposes of loans only under the Loans and Bursar student if he or she is not a full-time student and receives at least 20 hours of teaching monthly.	
Signature of the authorized officer of the financial assistance office or the Registrar's office X	Date Y M D (Compulsory)
Continue 2 Charlentle Citaration	
Section 3 — Student's Situation	
You must fill out this section and affix your signature in section 4.	
Check one box only that applies to your situation during the study period concerned.	Y M D
A. I am at least 20 weeks pregnant and I reached my 20 th week of pregnancy on	
Enclose an Attestation of Pregnancy form completed by a physician or a midwife authorized to	o practise.
B. I am the head of a single-parent family and	
I have at least one dependant child under 12 years of age living with me. or	
 I have a child with a major functional disability within the meaning of the Act respecting financiassistance for education expenses living with me. 	ial
C. I am a student with a spouse and	
I have at least one child (my de facto spouse's or mine) under 6 years of age living with me.	
 I have a child with a major functional disability within the meaning of the Act respecting financial assistance for education expenses living with me. 	ial
D. I am participating in the Réussir or the Basic Income Program offered by the Ministèr	e de l'Emploi et de la Solidarité sociale.
E. I am temporarily unable to pursue full-time studies due to a serious episodic disorder representation or mental health problem. If you have a major functional disability recognized by Aide your educational institution to fill out the Confirmation of Student Status – Full-Time in the Confirmation of Student Status – S	financière aux études, you should instead ask
Attach the Medical Certificate Confirming a Serious Health Disorder form completed by a physical	ician.
If you checked one of the boxes under B or C, give the first and last names and date of birth of only one	e child living with you who meets the above criteria.
Last name	
First name Date of birth	
Section 4 – Signature	
I certify that the information I have provided is accurate and complete.	Date
	Date Y M D
Signature X	
Aide financière aux études reserves the right to verify the information provided.	