

This form is to be used by students to report a change in circumstances or apply for a training support allowance. It is essential that applicants submit all required documents related to each change in circumstances.
Forms identified by an asterisk in Section 2,3 and 4 are available in "Loans and Bursaries for full-time studies" of our Web site (www.quebec.ca/en/education/student-financial-assistance).

Reserved to Aide financière aux études

Section 1 – Student information

Last name

First name

Permanent code assigned by the Ministère

Date of birth
 Y M D

Section 2 – New marital status

Current marital status	Date of change	Required documents
<input type="checkbox"/> Married	<input type="text"/> Y <input type="text"/> M <input type="text"/> D	<ul style="list-style-type: none"> Your marriage certificate (not your marriage contract or declaration of marriage) or a copy of act of marriage The <i>Declaration of Spouse – Loans and Bursaries Program form*</i>
<input type="checkbox"/> Living in a civil union	<input type="text"/> Y <input type="text"/> M <input type="text"/> D	<ul style="list-style-type: none"> Copy of your civil union contract or certificate issued by the Registrar of Civil Status The <i>Declaration of Spouse – Loans and Bursaries Program form*</i>
<input type="checkbox"/> De facto separated	<input type="text"/> Y <input type="text"/> M <input type="text"/> D	<ul style="list-style-type: none"> <i>Family Status Declaration form*</i> <p>AND, if not already provided and you were married: Your marriage certificate, act of marriage or Certificate of civil status</p> <p>AND, if not already provided and you were in a civil union with another person: A copy of the act or Certificate of civil union</p>
<input type="checkbox"/> De facto or legally separated	<input type="text"/> Y <input type="text"/> M <input type="text"/> D	<ul style="list-style-type: none"> Separation judgement (marriage) Judgement dissolving your civil union or notarized declaration of dissolution of your civil union or Certificate of civil status confirming the dissolution of your civil union (applicable to civil unions) <p>AND, if you are the parents of one or more children:</p> <ul style="list-style-type: none"> Copy of contractual agreements or accessory measures regarding child custody if not stipulated in the separation judgement or confirmation of dissolution of civil union.
<input type="checkbox"/> Divorced	<input type="text"/> Y <input type="text"/> M <input type="text"/> D	<ul style="list-style-type: none"> Divorce decree or certificate <p>AND, if you are the parents of one or more children:</p> <ul style="list-style-type: none"> Copy of contractual agreements or accessory measures regarding child custody if not stipulated in the divorce decree or if the divorce certificate was submitted.
<input type="checkbox"/> Widowed	<input type="text"/> Y <input type="text"/> M <input type="text"/> D	<ul style="list-style-type: none"> Death certificate of the spouse <p>OR</p> <ul style="list-style-type: none"> Act of burial or cremation <p>OR</p> <ul style="list-style-type: none"> Burial permit <p>AND, if not already provided and you were married: Your marriage certificate, act of marriage or Certificate of civil status</p> <p>AND, if not already provided and you were in a civil union with another person: A copy of the act or Certificate of civil union</p>

Section 4 – Other changes

AUTONOMY BASED ON EDUCATION

Situation	Date achieved	Required documents						
<input type="checkbox"/> I hold an undergraduate Québec university diploma (Bachelor's Degree).	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> </tr> <tr> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ </td> </tr> </table>	Y	M	D	_ _ _	_ _	_	<ul style="list-style-type: none"> Diploma (bachelor's degree) OR <ul style="list-style-type: none"> Registrar's attestation confirming the date on which you completed your study program and the diploma that will be issued at a later date OR <ul style="list-style-type: none"> Official transcript including the words "Diploma earned" or "Program completed"
Y	M	D						
_ _ _	_ _	_						
<input type="checkbox"/> I hold an undergraduate university degree or equivalent from outside Québec.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> </tr> <tr> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ </td> </tr> </table>	Y	M	D	_ _ _	_ _	_	<ul style="list-style-type: none"> If you earned your degree in Canada: A copy of an official document confirming the university degree (for example: diploma, registrar's confirmation, official transcript) If you earned your degree outside Canada: A copy of the Évaluation comparative des études effectuées hors du Québec (comparative evaluation for studies done outside Québec) issued by the Ministère de l'Immigration, de la Francisation et de l'Intégration
Y	M	D						
_ _ _	_ _	_						
<input type="checkbox"/> I hold a Diploma of Advanced Studies I in Music or certificate of three years of university training issued by a Québec music or theatre school.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> </tr> <tr> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ </td> </tr> </table>	Y	M	D	_ _ _	_ _	_	<ul style="list-style-type: none"> Official document confirming that you earned a Diploma of Advanced Studies I in Music or completed three years of training (for example: diploma, registrar's confirmation, official transcript).
Y	M	D						
_ _ _	_ _	_						
<input type="checkbox"/> I have pursued studies at a Québec university for at least three years and earned 90 credits in a single program.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> </tr> <tr> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ </td> </tr> </table>	Y	M	D	_ _ _	_ _	_	<ul style="list-style-type: none"> Official undergraduate university transcript OR <ul style="list-style-type: none"> Registrar's attestation of studies
Y	M	D						
_ _ _	_ _	_						
Important! If you earned the equivalent of 90 credits in a single program that requires 90 credits, you should instead check "I hold an undergraduate Québec university diploma (Bachelor's Degree)."								
<input type="checkbox"/> I have pursued full-time university studies outside Québec for at least four years in a single program or, if I hold a Diploma of College Studies, have pursued full-time university studies outside Québec for at least three years in a single program	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> </tr> <tr> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ </td> </tr> </table>	Y	M	D	_ _ _	_ _	_	<ul style="list-style-type: none"> Undergraduate university transcript AND <ul style="list-style-type: none"> Attestation from the registrar of your educational institution or official document attesting to four years of full-time undergraduate studies in a single program OR (If you hold a Diploma of College Studies) <ul style="list-style-type: none"> Undergraduate university transcript AND <ul style="list-style-type: none"> Attestation from the registrar of your educational institution or official document attesting to three years of full-time undergraduate studies in a single program AND <ul style="list-style-type: none"> A copy of your Diploma of College Studies (DCS)
Y	M	D						
_ _ _	_ _	_						

CHANGE OF RESIDENCE

Situation	Date of change	Required documents						
<input type="checkbox"/> I am living with my parents.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> </tr> <tr> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ </td> </tr> </table>	Y	M	D	_ _ _	_ _	_	
Y	M	D						
_ _ _	_ _	_						
<input type="checkbox"/> I am no longer living with my parents.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> </tr> <tr> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ </td> </tr> </table>	Y	M	D	_ _ _	_ _	_	<ul style="list-style-type: none"> Attestation Respecting Inexistent or Inadequate Public Transit form* if you no longer live with your parents due to inexistent or inadequate public transit between your parents' home and your school.
Y	M	D						
_ _ _	_ _	_						

CHANGE IN PHYSICAL CUSTODY

Indicate who has custody of you	Date of change	If you have a parental contribution						
<input type="checkbox"/> Both parents	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> </tr> <tr> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ </td> </tr> </table>	Y	M	D	_ _ _	_ _	_	<ul style="list-style-type: none"> Declaration of Parent or Sponsor form* if not already on file
Y	M	D						
_ _ _	_ _	_						
<input type="checkbox"/> My parent	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> </tr> <tr> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ </td> </tr> </table>	Y	M	D	_ _ _	_ _	_	<ul style="list-style-type: none"> Declaration of Parent or Sponsor form*
Y	M	D						
_ _ _	_ _	_						
First and last names _____								
<input type="checkbox"/> My sponsor	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> </tr> <tr> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ </td> </tr> </table>	Y	M	D	_ _ _	_ _	_	<ul style="list-style-type: none"> Declaration of Parent or Sponsor form*. (Both your parents must reside outside Canada at the beginning of the award year).
Y	M	D						
_ _ _	_ _	_						

DEATH

Decedent	Date of death	Required documents
<input type="checkbox"/> Parent <input type="checkbox"/> Sponsor <input type="checkbox"/> Spouse _____ First and last names	_____ Y M D 	<ul style="list-style-type: none"> • Death certificate OR <ul style="list-style-type: none"> • Act of burial or cremation OR <ul style="list-style-type: none"> • Burial permit

OTHER CHANGES

Please provide details and if applicable, attach all required attestations. If you require more space, please use a separate sheet of paper and attach it to this form.

Section 5 – Cost of medication or chiropractic treatment

These are costs related to the purchase of physician-prescribed medications or chiropractic treatment unless already paid by the Régie de l'assurance maladie du Québec or an insurance company. In the latter cases, only the portion of costs not covered will be considered. Only medications on the list published by the Institut national d'excellence en santé et en services sociaux can be covered.

Monthly costs exceeding \$16 are taken into account when declared, if they apply to your, your children or your spouse's children.

MEDICATION OR CHIROPRACTIC TREATMENT

Costs incurred	Amount	Required documents
<input type="checkbox"/> You _____ Last name _____ First name	\$ _____,00	<ul style="list-style-type: none"> • Invoices (photocopies) AND
<input type="checkbox"/> Dependent child _____ Last name _____ First name	\$ _____,00	<ul style="list-style-type: none"> • Details on the drug insurance plan (if not mentioned on invoices) AND <ul style="list-style-type: none"> • Copy of prescription (chiropractic treatment)
<input type="checkbox"/> Dependent child _____ Last name _____ First name	\$ _____,00	

Section 6 – Change in income

My income for the current award year (January 1 to December 31, 2024) has changed.

Income	(Round off amount to nearest dollar)	
Gross employment income	\$ _____,00	
Net self-employed income	\$ _____,00	Specify: _____
Other income	\$ _____,00	Specify: _____

Section 7 – Allowance for Training Support Materials Application

If you qualify under the Loans and Bursaries Program, you may be entitled to an additional loan in the amount of \$500 for each period of studies in which assistance is granted you during the award year.

Once requested, this supplemental allowance cannot be cancelled and will be paid for each period of studies for which assistance is granted you during award year 2024-2025.

I am applying for the Allowance for Training Support Materials.

Section 8 – Student's Signature

Signature X _____

Y M D
| | | | | | | | | |