



**ACADEMIC INFORMATION FOR EDUCATIONAL INSTITUTIONS
 OUTSIDE OF THE ATLANTIC PROVINCES - (FULL-TIME STUDY ONLY)**

If you are attending an educational institution outside of the Atlantic Provinces, please have them complete and return this form by fax, email or mail to Student Financial Services. **Please complete for the current academic year only.**

This is to verify that:

 Student's Name

 Social Insurance Number

The above student has applied to attend on a full-time basis the following educational institution:

 EI CODE

 Name of Educational Institution

 Name of Program

 Current
 Year

of

 Total
 Years

 Major or Specialty (if applicable)

Level of study:

Certificate

Diploma

Bachelors Degree

Masters Degree

Ph. D

The student will be attending this program for

Please Note: The information requested is for the current academic year only; Not to Exceed 52 Weeks

1 Term/Semester

2 Terms/Semesters

3 Terms/Semesters

12 months

Other

 Program Start Date

 Program End Date

 Number of Weeks of Study

Type of study:

In class

Correspondence

Online

Financial aid has been or will be awarded to this student by this educational institution:

Include scholarships, bursaries, and assistantships - if no aid has been awarded please write "Nil"

Type of Award _____

Value

\$

Type of Award _____

Value

\$

Educational costs for the student's academic period as stated above will be:

Tuition

\$

Compulsory Fees

\$

Books & Supplies

\$

Breakdown of

Compulsory Fees

Currency Type? _____



 Signature of School Official

 Name of School Official (print)

 School Official's Title

 Date

 Telephone Number

 Extension