

**CHANGE OF INFORMATION FORM**

STUDENT'S NAME: \_\_\_\_\_

Please print clearly

SIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Your Student Assistance File Number \_\_\_\_\_

Please complete **ONLY** the information that is being changed.

Name of Institution you plan to attend: \_\_\_\_\_

Name of Program you are enrolled in: \_\_\_\_\_

You will be entering year \_\_\_\_\_ of a \_\_\_\_\_ year program

Number of Credits you will be taking: \_\_\_\_\_ Course Load:  Full-time  Part-time

Study period:

Start Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ End date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ yy

Tuition: \$ \_\_\_\_\_ (If you are receiving a tuition waiver, how much \$ \_\_\_\_\_)

Books: \$ \_\_\_\_\_

If you are in a Co-op Work Term during this study period, what are the dates of your Work Term?

Start Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ End date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ yy

Where will you be living while you are in school?

\_\_\_\_\_ With parents or spouse. What is the distance to school? \_\_\_\_\_ KM (one way)

\_\_\_\_\_ Away from parents or spouse. What is the distance to school? \_\_\_\_\_ KM (one way)

Income: Pre-Study Period \$ \_\_\_\_\_ Study Period \$ \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Student's signature