



Labour and Advanced Education

Student Assistance Office
2021 Brunswick Street
PO Box 2290 Central
Halifax NS
B3J 3C8

(902) 424-8420
(902) 424-0540 Fax
1-800-565-8420 Toll free within Canada

STUDENT PROGRAM INFORMATION

Student:

Social Insurance Number:

Program Applied For:

Student Assistance File Number:

TO BE COMPLETED BY SCHOOL OFFICIAL
The purpose of this form is to provide information on the costs and the study period dates of this student's program

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Program Name \_\_\_\_\_
(The name which will be on the certificate, diploma, degree.)

Program Dates and Costs:

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_
Day Month Year Day Month Year

Number of Weeks \_\_\_\_\_ (The study period cannot exceed 52 weeks)

Percentage of a full course load this student is taking \_\_\_\_\_ %

This student is entering year \_\_\_\_\_ of a \_\_\_\_\_ year program

Tuition Paid by Student \$ \_\_\_\_\_ (Canadian Dollars) Compulsory Fees \$ \_\_\_\_\_ (Do not include books, materials, equipment or bus fare)

Tuition Reductions:

Tuition Waiver \$ \_\_\_\_\_ Tuition Reduction \$ \_\_\_\_\_

Why was tuition reduced? \_\_\_\_\_

Income Information:

Is the student receiving any of the following? If yes, state the gross weekly amount where applicable.

Outside Sponsorship \$ \_\_\_\_\_ Canada Employment Allowance \$ \_\_\_\_\_

Other (please specify below) \$ \_\_\_\_\_ Employment Insurance Benefits \$ \_\_\_\_\_

\_\_\_\_\_  
(Source of other income)

\_\_\_\_\_  
NAME AND TITLE OF OFFICIAL (please print)

\_\_\_\_\_  
SIGNATURE OF OFFICIAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CONTACT NUMBER