

APPLICATION FOR
DEBT REDUCTION FOR TIMELY COMPLETION BENEFIT



Your completed application must be received by Student Financial Services within seven months of the date your degree/diploma or certificate was awarded/conferred. This seven month deadline cannot be appealed.

SECTION A PERSONAL INFORMATION

First Name _____ Last Name _____ Middle Initial _____
Social Insurance Number _____ / _____ / _____ Date of Birth _____ | _____ | _____
Address _____ Email Address _____
Civic (Street) Address or PO Box _____ Apt. No. _____ City/Town _____
Province/Territory _____ Country _____ Postal Code _____ Tel. Number (____) _____
Gender Male Female Do you have a permanent disability? Yes No

SECTION B ACADEMIC INFORMATION

List all post-secondary educational institutions you attended since completing high school.

Name of post-secondary educational institution you graduated from _____
Successfully completed program of study * _____
* Must be completed within the timeline established by the post-secondary educational institution. There is an appeal process in place for graduates who, due to exceptional circumstances, do not meet the Timely Completion eligibility requirement. Refer to the program description for details at www.studentaid.gnb.ca.
Date you began studies _____ | _____ | _____ Date you completed studies _____ | _____ | _____ Date awarded/conferred _____ | _____ | _____

SECTION C STUDENT LOAN DEBT INFORMATION
This information is available from your Service Provider, the National Student Loans Service Centre.

Total Outstanding Student Loan Debt for the successfully completed program of study \$ _____
This amount must exceed \$32,000.

SECTION D DECLARATION AND CONSENT

Your application will not be processed without a copy of your final transcript of marks showing the name of the institution, the degree/diploma or certificate awarded and the date awarded/conferred. An "unofficial copy" of your final transcript is acceptable.
 I have attached a copy of my transcript with this application. I will be forwarding my transcript separately.

I declare that the information submitted on this application, and in any attached documents, is accurate and complete. I consent to Student Financial Services collecting, using and disclosing the information provided on this application, and on any attached documents, with service provider(s), educational institution(s), financial institution(s), and any other agencies and persons for the purpose of processing my application, and determining and verifying my eligibility for the Timely Completion Benefit.

Graduate Applicant's Signature _____ Date _____ | _____ | _____

Mail this completed form to: Student Financial Services
Department of Post-Secondary Education, Training and Labour
PO Box 6000, 440 King St.
Fredericton, NB E3B 5H1