REQUEST FOR PROGRAM INFORMATION



This form is to be completed **by the post-secondary institution** and is **mandatory** for the following circumstances.

Any student:

- applying as a student with a disability.
- completing a co-op work term as part of the study period.
- studying at the Master or Ph.D. level.
- attending Intersession/Summer Session at a university.
- attending any public or private post-secondary institution located outside of the Maritime Provinces.
- attending any private post-secondary institution located outside of New Brunswick.

The student's application for New Brunswick Student Financial Assistance is not able to be processed without this form. See pages 3 and 4 for detailed instructions on completing this form.

SECTION A - STUDENT INFORMA	TION						
First Name (current legal name)	Last Name (current legal name)						
		Last Warne (carrent regarm	ae,				
XXX XXX		Charles t ID Name to a fet and					
Social Insurance Number (last 3 digits of	niy)	Student ID Number (at yo	ur institution)				
SECTION B - INSTITUTION INFOR	MATION						
Name of Institution			stitution Code (4-Letters))			
City/Town	Province/Stat	to	 Postal/Zip	Codo			
City/Town	Province/Stat	le	Postal/Zip	Code			
SECTION C - PROGRAM INFORM	ATION						
		•	Year of Study				
		☐ Undergraduate	☐ Graduate	of			
Program Name			Curr				
Credential			Ye	ar Years			
☐ Certificate ☐ Diplo	oma 🗆 Associate	Degree ☐ Bachelo	or's Degree				
☐ Master's Degree ☐ Doct	oral Degree	-	-				
Area of Study							
☐ Administration/Business	☐ Agriculture/Relate	ed Sciences Arts/Sc	iences				
☐ Community Service/Education	_	☐ Engineering/Technology					
☐ Health Sciences	☐ Law	☐ Medicine					
☐ Theology	☐ Trades	Other (spe	ecify)				
SECTION D - PROGRAM COST INI	FORMATION						
Currency							
	Other Specify:			_			
Semester/Term	% of Full Course Load	Actual Tuition Costs*	Compulsory Fees*	Co-op Fees			
1st Semester/Term (Fall)							
2 nd Semester/Term (Winter)							
3 rd Semester/Term (Spring/Summer) Non-Semestering							
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^{*}Do not include residence fees, optional fees, Health and Dental fees, book or equipment costs or computer purchase.

Student Name				SIN (last 3	3 digits)	XXX	xx xxx				
SECTION E -	STUDY PERIO	D INFORMA	TION								
Method of	Delivery (spe	cific to stude	nt above)								
☐ In Persor	n 🗆 Onli	ine/Correspo	ondence	□ Blended	(In Person a	nd Online)					
Period of St	tudy Dates - 7	HIS PERIOD	CANNOT EX	CEED 52 W	EEKS						
Start date (yyyy/mm/dd))			End date (y	yyy/mm/dd)				
dicate the approximate dates of each of the following activities that occur for the study period.											
		1 st Semes	1		ster/Term	3 rd Semes					
		Start Date (dd/mm)	End Date (dd/mm)	Start Date (dd/mm)	End Date (dd/mm)	Start Date (dd/mm)	End Date (dd/mm)	Start Date (dd/mm)	End Date (dd/mm)		
Full-time stud	dies	, ,	, , ,	, , ,	, , ,	, , ,	, , ,				
Part-time stu	dies										
Writing (Thesi	s / Dissertation)										
Paid Practicu	m / Co-op										
Unpaid Pract	icum / Co-op										
Break weeks											
						ļ		ļ			
				<u> </u>		<u> </u>					
						<u> </u>		 			
Definitions	Full-time or pa	rt-time studies	status dete	rmined by the	educational in	stitution on th	e basis of its c	riteria			
	Writing			status determined by the educational institution on the basis of its criteria thesis or dissertation							
		racticum / co-op		practical section of the program							
	Not enrolled	Break weeks		a full week break in study where there are no classes or other educational activities (i.e. exams) is not attending the educational institution during this period of time							
ECTION E		OFFICIAL	is not atten	ung the educa	ational instituti	ion during this	period of time				
Declaration	INSTITUTION	OFFICIAL									
		ation provid	ad an this f	rm is some	lata and tru	a and that I	am authari-	ed to provid	da +bia		
	at the inform n on behalf of	•		•		e and that i	aiii autiioiiz	eu to provid	ie tilis		
iiiioiiiiatioi	i on benan or	the mstituti	on identifie	u III Section	D.						
	orized represent ontacted by our		uire additiona	l information)	Title						
you may be c	ontacted by our	office if we requ	ane additional	injoinidation							
Email address				Phone number							
Signature of a	uthorized repres	sentative			Date						

Student Financial Services

Post-Secondary Education, Training and Labour

Beaverbrook Building P.O. Box 6000 Fredericton N.B. Canada E3B 5H1 Telephone: (506) 453-2577 Toll free: 1 (800) 667-5626 Fax: (506) 444-4333 www.studentaid.gnb.ca

INSTRUCTIONS TO INSTITUTIONS

This form is used to gather information for the <u>specific student</u> for whom the form is being completed for the study period that starts anytime between August 1, 2022 and July 31, 2023 (inclusive). The student does not have to be currently registered or attending your school to complete this form.

Complete this form only if you are authorized to confirm the student's program details and costs. Once you have completed and signed the form, return the form to the student to submit or send it via fax to 506-444-4333 or email to NB-SFS.SFE-NB@gnb.ca. If you have questions about the completion of this form, please refer to Section 1.6 of the New Brunswick Designated Post-Secondary Education Institution Administration Manual for the contact information related to Program Information/Internal Compliance.

SECTION A – STUDENT INFORMATION

- Provide the full legal name, last 3 digits of the Social Insurance Number and the student ID from your institution.

SECTION B - INSTITUTION INFORMATION

- Indicate the institution information including the campus if applicable.

SECTION C - PROGRAM INFORMATION

- Complete this section with the details of the program of study for the student including the level of study, the credential that will be awarded upon completion and the area of study. If this is a program that has not previously been evaluated/funded, a program designation review may be required.
- Include the current year of study in the program for the student and the total number of years of the program.

SECTION D - PROGRAM COST INFORMATION

- Indicate the program costs.
- Indicate the percentage of full course load the student is taking each semester (i.e., if five courses are considered 100%, four courses would be considered 80%).
- Indicate the actual cost of tuition based on the actual amount payable to the institution.
- Indicate the compulsory fees that are payable by the student.
 - Compulsory fees can include:
 - Annual admission fees required when submitting applications
 - Student council fees
 - Student services fees
 - Field trip costs
 - Examination fees
 - Graduate thesis costs
 - Other amounts payable by student to the institution which are obligatory for their program
 - Membership fees for professional or other societies
 - Compulsory fees do not include:
 - Residence fees
 - Health and dental fees
 - Book or equipment costs
 - Computer costs
 - Optional fees
- Indicate the fees related to completion of a co-op placement separately from compulsory fees.

SECTION E - STUDY PERIOD INFORMATION

- Indicate the method of delivery for the study period.
- Indicate the exact study period start and end dates. The study period cannot exceed 52 weeks. If it is more than 52 weeks, the study period will need to be divided into multiple study periods with separate applications by the student.
- Complete the study period date table see example.

Student is in full-time studies for both the fall and winter terms. Fall term begins on September 6, 2022 and the last day of studies (including exams) is December 23, 2022. Winter term starts on January 9th with March break being March 6 – 10, 2023. Winter term concludes (including exams) April 28, 2023. The program includes an unpaid co-op placement that begins on May 1, 2023 and concludes on June 9, 2023

	1st Semester/Term		2 nd Semester/Term		3 rd Semester/Term		Non-Semestering	
	Start Date (dd/mm)	End Date (dd/mm)	Start Date (dd/mm)	End Date (dd/mm)	Start Date (dd/mm)	End Date (dd/mm)	Start Date (dd/mm)	End Date (dd/mm)
Full-time studies	06/09	23/12	09/01	28/04				
Part-time studies								
Writing (Thesis / Dissertation)								
Paid Practicum / Co-op								
Unpaid Practicum / Co-op					01/05	09/06		
Break weeks	27/12	06/01	06/03	10/03				

SECTION F - INSTITUTION OFFICIAL

- This section is to be completed by the authorized representative of the institution who has completed the program information details.
- Be sure to provide contact information including phone number and email so that we may contact you if there are any questions or clarifications required.
- Signing the form is acknowledgment of the stated declaration.