

REQUEST FOR PROGRAM INFORMATION INTERSESSION AND/OR SUMMER SESSION STUDIES



This form is to be completed **by the post-secondary institution** and is **mandatory** for any student attending Intercession/Summer Session at a university.

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 INFORMATION

Last Name (current legal name)

First Name (current legal name)

XXX XXX

Social Insurance Number (last 3 digits only)

Student ID Number (at your Institution)

SECTION B - INSTITUTION INFORMATION

Name of Institution

Institution Code (4-Letters)

City/Town

Province/State

Postal/Zip Code

SECTION C - PROGRAM INFORMATION

Program Name

Level of Study

Undergraduate Graduate

Year of Study

____ of _____
Current Total
Year Years

Credential

Certificate Diploma Bachelor's Associate Master's Doctoral

Area of Study

Administration/Business Agriculture/Related Sciences Arts/Sciences
 Community Service/Education Dentistry Engineering/Technology
 Health Sciences Law Medicine
 Theology Trades Other (specify) _____

SECTION D - PROGRAM COST INFORMATION

Currency CAD USD Other Specify: _____

| Semester/Term | Actual Tuition Costs* | Compulsory Fees* | Co-op Fees |
|----------------|-----------------------|------------------|------------|
| Intercession | | | |
| Summer Session | | | |

*Do not include residence fees, optional fees, Health and Dental fees, book or equipment costs or computer purchase.

Other financial assistance student is receiving this study period

(ie scholarship, bursary, grant, honorarium, fellowship, sponsorship, etc.)

Source _____

Amount _____

Student Financial Services

Post-Secondary Education, Training and Labour

Beaverbrook Building P.O. Box 6000 Fredericton NB E3B 5H1

Tel. : (506) 453-2577 Toll Free : 1(800) 667-5626 Fax : (506) 444-4333



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Student Name _____

SIN (last 3 digits)

XXX

XXX

SECTION E - STUDY PERIOD INFORMATIONPeriod of Study Dates - **THIS PERIOD MUST BE AT LEAST 6 WEEKS**

Start date (yyyy/mm/dd) _____

End date (yyyy/mm/dd) _____

Indicate the exact dates of each individual course for the study period.

| Course Description | Course Code | Credit Hours | Type of Instruction | | | Start Date (YYYY-MM-DD) | End Date (YYYY-MM-DD) |
|--|-------------|--------------|-------------------------------------|----------------------------|--------------------------|----------------------------|--------------------------|
| | | | In Person | Online / Correspondence | Blended | | |
| <i>Example: Literature and Composition</i> | ENGL 100 | 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2023-05-01 | 2023-06-09 |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

SECTION F – INSTITUTION OFFICIAL**Declaration**

I declare that the information provided on this form is complete and true and that I am authorized to provide this information on behalf of the institution identified in Section B.

Name of authorized representative
(you may be contacted by our office if we require additional information)

Title

Email address

Phone number

Signature of authorized representative

Date

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INSTRUCTIONS TO INSTITUTIONS

This form is used to gather information for the *specific student* for whom the form is being completed for Intersession and/or Summer Session courses. 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 actual cost of tuition based on the actual amount payable to the institution.
- Indicate the compulsory fees that are payable by the student.
 - o 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
 - o 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.
- Indicate the source and amount for any other financial assistance student is receiving this study period including entrance scholarships, merit-based scholarships, need based scholarships or bursaries, grants, honorariums, doctoral fellowships or sponsorships.



SECTION E – STUDY PERIOD INFORMATION

- Indicate the exact study period start and end dates. The study period must be at least 6 weeks.
- Complete the course description table – see example.

EXAMPLE

Student is enrolled in Intersession and Summer Session courses. The courses are a combination of in-person and online learning. Intersession begins on May 1, 2023 and goes until June 9, 2023. Summer session begins June 12, 2023 and goes until August 28, 2023.

| Course Description | Course Code | Credit Hours | Type of Instruction | | | Start Date (YYYY-MM-DD) | End Date (YYYY-MM-DD) |
|--|-----------------|--------------|-------------------------------------|-------------------------------------|-------------------------------------|----------------------------|--------------------------|
| | | | In Person | Online / Correspondence | Blended | | |
| <i>Example: Literature and Composition</i> | <i>ENGL 100</i> | 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2023-05-01 | 2023-06-09 |
| Communications | COMM 1001 | 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2023-05-01 | 2023-06-09 |
| Business Accounting | BUSN 1200 | 3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2023-05-01 | 2023-06-09 |
| Introduction to Psychology | PSYC 1000 | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2023-06-12 | 2023-08-28 |
| Anthropology | ANTH 1004 | 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2023-06-12 | 2023-08-28 |

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.

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