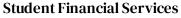
# **PROGRAM CHANGE NOTIFICATION**



This form is to be completed **by the post-secondary institution** for all students who have transferred to a new program of study at the same institution or campus prior to their period of study end date and must be forwarded to Student Financial Services (SFS) as soon as the change occurs.

**Note**: For all other changes in academic status, a *Change of Academic Status* form must be completed.

| SECTION A—STUI   | DENT INFORMA       | TION              |             |            |   |   |  |
|--|--------------------|-------------------|-------------|------------|---|---|--|
| Last Name (current legal name)                             |                    |                   |             |            | First Name (current legal name)         |   |  |
| XXX XXX XXX XXX XXX XXX XXX XXX XXX XX                     |                    |                   |             |            | Student ID Number (at your Institution) |   |  |
|  |                    |                   |             |            |   |   |  |
| SECTION B—INST   | TITUTION INFO      | RMATIO            | N           |            |   |   |  |
| Name of Institutio   | n                  |                   |             |            | _                                       |   |  |
| SECTION C—ORIG   |                    | M OF ST           | UDY INF     | ORMATI     | ON                                      |   |  |
|  |                    | 01 01             | <b></b>     |            |   |   |  |
| Name of Program  | of Study           |                   |             |            | Year of study                           | Total weeks<br>attended                                     |  |
| Start date   | <u> </u>           |                   | _           | Last       | day student attended                    |   |  |
|  | /yy mm             | dd                |             |            |   | yyyy mm dd  |  |
| Indicate the dates   | -                  |                   |             | -          |   |   |  |
| yyyy r   | nm dd              |                   | уууу        | mm         | dd                                      |   |  |
|  | nm dd              | _ to _            |             |            |   |   |  |
|  |                    |                   |             |            | dd                                      |   |  |
| Fees charged to th<br>Tuition \$                           |                    |                   |             |            | Co-op Fees \$                           |   |  |
| SECTION D—NEW  | / PROGRAM OF       | STUDY             | INFORM      | ATION      |   |   |  |
| Name of Program of Study                                   |                    |                   |             |            | Year of study                           | Total # of weeks transferable from Section C to new program |  |
| Transfer date  | ı                  | Í                 | i           | End        | date _                                  |   |  |
| Indicate the dates   | yyyy mm            | dd                | oriod of a  | et i div   | yyyy mm                                 | dd % of full course<br>load                                 |  |
| Indicate the dates   | or any breaks du   | to                | leriou or s | study      |   |   |  |
| yyyy r   | nm dd              |                   | уууу        | mm         | dd                                      |   |  |
| yyyy r   | nm dd              | 」 <sup>to</sup> ∟ | уууу        | mm         | dd                                      |   |  |
| Fees charged to th<br>Tuition \$                           | e student for nev  |                   | n of study  |            | o-op Fees <u>\$</u>                     |   |  |
| SECTION E—INST I declare that the ir the institution ident | nformation provide | ed on this        | form is co  | omplete a  | nd true and that I am au                | thorized to provide this information on behalf of           |  |
| Name of authorize  | •                  |                   | re addition | nal inforn | Title<br>nation)                        |   |  |
| Email address  |                    |                   |             |            | Phone numbe                             | er  |  |
| Signature of author  | orized representa  | tive              |             |            | Date                                    |   |  |
| SECTION F—STUI   |                    |                   | _           |            |   |   |  |
| I declare that the I<br>verification and au                |                    | led on thi.       | s form is a | accurate d | and complete. I understar               | nd that the information submitted is subject to             |  |
| Signature of stu   | dent               |                   |             |            | Date                                    |   |  |



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



### **INSTRUCTIONS TO INSTITUTIONS**

This form is to be completed **by the post-secondary institution** when a student is transferring to a new program at the same school or campus. The completed form must be submitted to SFS within 4 weeks of the change occurring.

Complete this form only if you are authorized to confirm the student's program change. Once you have completed and signed the form, send it via fax to 506-444-4333 or email to <a href="MB-SFS.SFE-NB@gnb.ca">NB-SFS.SFE-NB@gnb.ca</a>. If you have questions about the completion of this form, please contact Student Financial Services.

### SECTION A—STUDENT INFORMATION

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

### SECTION B—INSTITUTION INFORMATION

- Indicate the name of your institution.

# SECTION C—ORIGNAL PROGRAM OF STUDY INFORMATION

- Complete this section with the details of the student's original program of study including the year of study, the total weeks attended, and program start and end dates.
- At least 60% of the original program must transfer to the new program for it to be considered a **program change**. If less than 60% of the program transfers, a "Change of Academic Status Form" should be completed.
- Once the student has changed programs, funding for the original program of study should **not** be accepted in the confirmation of enrolment portal. After the Program Change Form has been processed, the file will be reassessed and a new certificate will be sent out in the portal.

# SECTION D-NEW PROGRAM OF STUDY INFORMATION

- Indicate the new program of study, and year of study.
- Indicate the total number of weeks from the study period in Section C that are transferable to the new program.
- Indicate the date the student transferred to the new program and the student's end of study date.
- Indicate the program costs including the cost of tuition based on the actual amount payable to the institution, and any student fees or co-op fees.

#### SECTION E-INSTITUTION OFFICIAL

- This section is to be completed by the authorized representative of the institution who has completed the program change 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.

### SECTION F—STUDENT DECLARATION

- This section is to be completed by the student.
- Signing the form is acknowledgment of the stated declaration.

