

# 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—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

## SECTION C—ORIGINAL PROGRAM OF STUDY INFORMATION

_____		_____	_____
Name of Program of Study		Year of study	Total weeks attended
Start date	_____	Last day student attended	_____
	yyyy mm dd		yyyy mm dd
Indicate the dates of any breaks during the period of study			
_____	to	_____	
yyyy mm dd		yyyy mm dd	
_____	to	_____	
yyyy mm dd		yyyy mm dd	
Fees charged to the student for original program of study:			
Tuition \$	_____	Student Fees \$	_____
		Co-op Fees \$	_____

## SECTION D—NEW PROGRAM OF STUDY INFORMATION

_____		_____	_____
Name of Program of Study		Year of study	Total # of weeks transferable from Section C to new program
Transfer date	_____	End date	_____
	yyyy mm dd		yyyy mm dd
% of full course load			
_____			
Indicate the dates of any breaks during the period of study			
_____	to	_____	
yyyy mm dd		yyyy mm dd	
_____	to	_____	
yyyy mm dd		yyyy mm dd	
Fees charged to the student for new program of study:			
Tuition \$	_____	Student Fees \$	_____
		Co-op Fees \$	_____

## SECTION E—INSTITUTION OFFICIAL

*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 <i>(you may be contacted by our office if we require additional information)</i>		Title	
_____		_____	
Email address		Phone number	
_____		_____	
Signature of authorized representative		Date	

## SECTION F—STUDENT DECLARATION

*I declare that the information provided on this form is accurate and complete. I understand that the information submitted is subject to verification and audit.*

_____	_____
Signature of student	Date

## 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 [NB-SFS.SFE-NB@gnb.ca](mailto:NB-SFS.SFE-NB@gnb.ca). 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—ORIGINAL 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.