



## DESIGNATION REVIEW

To initiate a designation review, complete and submit this form to Student Financial Services. The student will be advised when the review has been completed. Typical processing time is 4-6 weeks, depending on the timely receipt of the required information from the school.

### SECTION A—STUDENT INFORMATION

\_\_\_\_\_  
Last Name (current legal name)                      \_\_\_\_\_  
First Name (current legal name)

\_\_\_\_\_  
XXX    XXX  
Social Insurance Number (last 3 digits only)

\_\_\_\_\_  
Email address    \_\_\_\_\_  
Phone number

### SECTION B—SCHOOL INFORMATION

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Institution Code (if available)                      \_\_\_\_\_  
CIP<sup>1</sup> Code (if available)

\_\_\_\_\_  
Address    \_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province/State    \_\_\_\_\_  
Country    \_\_\_\_\_  
Postal/ZIP Code

\_\_\_\_\_  
Program of Study (required) and Major/Specialization (if applicable)

Credential:     Certificate     Diploma     Bachelor's     Associate     Master's     Doctorate

\_\_\_\_\_  
Website link to your program of study and major/specialization

\_\_\_\_\_  
Program of Study Start Date (mm-yyyy)    \_\_\_\_\_  
Length of Program  
 1 year or less     2     3     4     5+

Correspondence/E-Learning/Distance Study:     Yes     No

<sup>1</sup> CIP: Classification of Instructional Programs

## SECTION C—SCHOOL OFFICIAL

Are students in this program, who are residents in your home jurisdiction, eligible to apply for full-time student financial assistance through the relevant funding authority?       Yes    No

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Phone number

*I declare that the information provided on this form is accurate.*

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Date

## SECTION D—STUDENT DECLARATION

*I declare that the information provided on this form is accurate and complete.*

*I understand that if this form is incomplete, it will not be processed.*

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

**Submit this form electronically by visiting [studentaid.gnb.ca](http://studentaid.gnb.ca) and selecting *Upload a Document*, or submit by fax or mail to the address below.**

 **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

 **StudentAid.GNB.CA**