

REQUEST FOR PROGRAM INFORMATION



This form is to be completed by the post-secondary educational institution for students:

- studying in a program that includes a co-op work term;
- attending Intersession and/or Summer Session at a university;
- studying at the Master or Ph.D. level;
- attending any private post-secondary educational institution located outside NB;
- attending any educational institution located in Quebec;
- attending a public post-secondary educational institution outside of Canada;
- who have self-identified as a student with permanent disabilities.

A. STUDENT'S PERSONAL INFORMATION

Social Insurance Number	First Name	Last Name

B. PROGRAM INFORMATION

Program of Study Level of Study 1=Certificate
2=Diploma
3=Bachelor
4=Master
5=Ph.D.

Year of Study of Co-op Program 1=Yes
2=No In what currency are your fees reported?
 Canadian dollars US dollars Other _____
(Please specify)

Is this program of study through distance education or correspondence? Yes No

Semestering Institutions

	Day	Month	Year	Day	Month	Year	% Full-time Course Load	Tuition Fees*	Student Fees*	Books & Materials
Intersession/Summer Session	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	2 0 <input style="width: 20px;" type="text"/>	to	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>
First Semester (Fall)	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	2 0 <input style="width: 20px;" type="text"/>	to	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>
Second Semester (Winter)	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	2 0 <input style="width: 20px;" type="text"/>	to	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>
Co-op Work Term	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	2 0 <input style="width: 20px;" type="text"/>	to	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>		Co-op Work Term Fees	\$ <input style="width: 50px;" type="text"/>	

* Do not include residence fees or health and dental fees.

Non-semestering Institutions

	Day	Month	Year	Day	Month	Year	% Full-time Course Load	Tuition Fees	Student Fees	Book & Materials
Period of Study	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	2 0 <input style="width: 20px;" type="text"/>	to	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>
Total Number of Weeks	<input style="width: 30px;" type="text"/>	Indicate any break(s) during study period		<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	2 0 <input style="width: 20px;" type="text"/>	to	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	2 0 <input style="width: 20px;" type="text"/>
						2 0 <input style="width: 20px;" type="text"/>	to	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	2 0 <input style="width: 20px;" type="text"/>

OTHER FINANCIAL ASSISTANCE

Indicate any other financial assistance the student is receiving for this study period (ie: scholarship, bursary, grant, assistantship, honorarium, fellowship, research grant, sponsorship, etc.). **INDICATE SOURCE AND AMOUNT.**

Source	Amount
	\$ <input style="width: 50px;" type="text"/>

C. POST-SECONDARY EDUCATIONAL INSTITUTION INFORMATION

Name of Institution	Institution Code
Mailing Address	City, Town or Post Office
Province/State	Postal Code/Zip Code
	Country
Telephone Number <input style="width: 150px;" type="text"/>	Fax Number <input style="width: 150px;" type="text"/>
Name and title of educational institution official completing this form (print)	
<i>Signature</i>	
Signature of person completing this form	Date
E-mail	

