REQUEST FOR PROGRAM INFORMATION

This form is to be completed by the post-secondary educational institution for students:
- applying as a student with a permanent disability;
- completing a co-op work term as part of the study period;
- studying at the Master or Ph.D. level;
- attending Intersession/Summer Session at a university;
- attending any educational institution located outside the Atlantic Provinces;
- attending any private educational institution located outside New Brunswick.

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
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

Semstering Institutions

<table>
<thead>
<tr>
<th>Intersession/Summer Session</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>% Full-time Course Load</th>
<th>Tuition Fees*</th>
<th>Student Fees*</th>
<th>Book &amp; Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Semester (Fall)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Semester (Winter)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-op Work Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Non-semstering Institutions

<table>
<thead>
<tr>
<th>Period of Study</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>% Full-time Course Load</th>
<th>Tuition Fees</th>
<th>Student Fees</th>
<th>Book &amp; Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-op Work Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Indicate any break(s) during study period

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

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 $ 

C. POST-SECONDARY EDUCATIONAL INSTITUTION INFORMATION

Name of Institution
Institution Code

Telephone Number ( )
Fax Number ( )

Name and title of educational institution official completing this form (print)

Signature of person completing this form
Date

E-mail