APPLICATION FOR
DEBT REDUCTION FOR TIMELY COMPLETION BENEFIT

New Nouveau Brunswick

Your completed application must be received by Student Financial Services within seven months of the date your degree/diploma or certificate was awarded/conferred. This seven month deadline cannot be appealed.

SECTION A PERSONAL INFORMATION

First Name _____ Last Name _____ Middle Initial ____

Social Insurance Number ____ / ____ / ____ Date of Birth ____ ____ ____ (YYYY MM DD)

Address _____ Email Address _____

Civic (Street) Address or PO Box _____ Apt. No. _____ City/Town _____

Province/Territory _____ Country _____ Postal Code _____ Tel. Number ( ) _____

Gender ❑ Male ❑ Female Do you have a permanent disability? ❑ Yes ❑ No

SECTION B ACADEMIC INFORMATION

List **all** post-secondary educational institutions you attended since completing high school.

_____

_____

_____

Name of post-secondary educational institution you graduated from _____

Successfully completed program of study * _____

* Must be completed within the timeline established by the post-secondary educational institution. There is an appeal process in place for graduates who, due to exceptional circumstances, do not meet the Timely Completion eligibility requirement. Refer to the program description for details at www.studentaid.gnb.ca.

Date you began studies ____ ____ (YYYY MM) Date you completed studies ____ ____ (YYYY MM) Date awarded/ conferred ____ ____ ____ (YYYY MM DD)

SECTION C STUDENT LOAN DEBT INFORMATION

This information is available from your Service Provider, the National Student Loans Service Centre.

Total Outstanding Student Loan Debt for the successfully completed program of study $ _____

This amount must exceed $32,000.

SECTION D DECLARATION AND CONSENT

Your application will not be processed without a copy of your final transcript of marks showing the name of the institution, the degree/diploma or certificate awarded and the date awarded/conferred. An "unofficial copy" of your final transcript is acceptable.

❑ I have attached a copy of my transcript with this application. ❑ I will be forwarding my transcript separately.

I declare that the information submitted on this application, and in any attached documents, is accurate and complete. I consent to Student Financial Services collecting, using and disclosing the information provided on this application, and on any attached documents, with service provider(s), educational institution(s), financial institution(s), and any other agencies and persons for the purpose of processing my application, and determining and verifying my eligibility for the Timely Completion Benefit.

Graduate Applicant's Signature _____ ***Date*** ____ ____ ____ (YYYY MM DD)

Mail this completed form to: Student Financial Services
Department of Post-Secondary Education, Training and Labour
PO Box 6000, 440 King St.
Fredericton, NB E3B 5H1