

# 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

Student ID

XXX	XXX	
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 period 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*	Book & 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: 60px;" type="text"/>	\$ <input style="width: 60px;" type="text"/>	\$ <input style="width: 60px;" 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: 60px;" type="text"/>	\$ <input style="width: 60px;" type="text"/>	\$ <input style="width: 60px;" 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: 60px;" type="text"/>	\$ <input style="width: 60px;" type="text"/>	\$ <input style="width: 60px;" 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: 60px;" 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: 60px;" type="text"/>	\$ <input style="width: 60px;" type="text"/>	\$ <input style="width: 60px;" 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: 60px;" 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"/>				
	<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"/>				

### 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.**

	<b>Source</b>	<b>Amount</b>
<input style="width: 95%; height: 20px;" type="text"/>		\$ <input style="width: 40px;" type="text"/>

## C. POST-SECONDARY EDUCATIONAL INSTITUTION INFORMATION

<input style="width: 98%; height: 20px;" type="text"/>	<input style="width: 98%; height: 20px;" type="text"/>
Name of Institution	Institution Code
Telephone Number <input style="width: 200px;" type="text"/>	Fax Number <input style="width: 100px;" type="text"/>
<input style="width: 98%; height: 20px;" type="text"/>	
Name and title of educational institution official completing this form (print)	
<input style="width: 98%; height: 20px;" type="text"/>	<input style="width: 98%; height: 20px;" type="text"/>
Signature of person completing this form	Date
<input style="width: 98%; height: 20px;" type="text"/>	
E-mail	

