



Financial Assistance for Nunavut Students STUDENT ENROLLMENT FORM

! IMPORTANT

This form **MUST BE** sent to the FANS office as soon as you **ENROLL IN SCHOOL**. This form **CONFIRMS** that you have **STARTED SCHOOL**. You will receive your benefits within **SEVEN DAYS** of receipt of this form by the FANS office. FANS **MUST** have your signed Loan agreement **BEFORE** it issues any loan payments. **PLEASE FILL COMPLETELY.**

A - TO BE COMPLETED BY STUDENT

I, _____ of Nunavut Community _____

Declare that my eligibility for financial assistance has not changed since I was approved for student financial assistance by FANS. I agree to inform the FANS office of any changes to my status as they occur during the school year. I understand that failure to do this may result in termination of benefits, recovery of benefits paid, and possible legal action.

STUDENT'S SIGNATURE

STUDENT/COLLEGE ID #

My mailing address at while at school is:

Community

Territory/Province

Postal Code

Telephone (Home)

()

Email Address (Please print clearly)

B - TO BE COMPLETED BY POST-SECONDARY INSTITUTION

I,

NAME OF EDUCATIONAL OFFICER

CERTIFY THAT:

(STUDENT'S NAME)

is registered in as a **FULL-TIME STUDENT** in a **POST-SECONDARY PROGRAM** and is in the

(√) one of the box:

1st 2nd 3rd 4th 5th of a _____ year program

Certificate Diploma Bachelor's Masters Ph.D

in

PROGRAM

at

NAME OF INSTITUTION

The current term: (check one) Fall Winter Spring/Summer

Start Date (YYYY-MM-DD)

End Date (YYYY-MM-DD)

Full-time

Part-time

The Academic Year has (check one) 1 2 3 terms

Tuition Cost	Book Cost	Mandatory Fees

CANADA STUDENT LOAN INSTITUTION CODE

SIGNATURE OF OFFICIAL

TITLE OF OFFICIAL

Phone number

Fax number

INSTITUTIONAL STAMP (Ink)