

Student Financial Services  
Department of Innovation and  
Advanced Learning  
PO Box 2000  
90 University Ave, Suite 212  
Charlottetown, PE Canada C1A 7N8  
Tel: 902 368-4640 Fax: 902 368-6144  
Email: studentloan@gov.pe.ca

**Academic Information  
for Educational Institutions  
Outside of the Atlantic Provinces  
(Full-Time Study Only)**



If you are attending an educational institution outside of the Atlantic Provinces, please have them complete and return this form by fax or mail to Student Financial Services. Please complete for the current academic year only

**This is to verify that:**

Student's Name \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

**The above student has applied to attend on a full-time basis the following educational institution:**

Name of Educational Institution \_\_\_\_\_

Name of Program \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_  
Current Total  
Year Year

Major or Specialty (if applicable) \_\_\_\_\_

**Level of study:**

Certificate  Diploma  Bachelors Degree  Masters Degree  Ph. D

**The student will be attending this program for**

**Please Note: The information requested is for the current academic year only; Not to Exceed 52 Weeks**

1 Term/Semester  2 Terms/Semesters  3 Terms/Semesters  12 months  Other

Program Start Date \_\_\_\_\_

Program End Date \_\_\_\_\_

Number of Weeks of Study \_\_\_\_\_

**Type of study:**

In class  Correspondence

**Financial aid has been or will be awarded to this student by this educational institution:**

Include scholarships, bursaries, and assistantships - if no aid has been awarded please write "Nil"

Type of Award \_\_\_\_\_ Value \$ \_\_\_\_\_

Type of Award \_\_\_\_\_ Value \$ \_\_\_\_\_

**Educational costs for the student's academic period as stated above will be:**

Tuition \$ \_\_\_\_\_ Compulsory Fees \$ \_\_\_\_\_

Books & Supplies \$ \_\_\_\_\_ Breakdown of \_\_\_\_\_

Compulsory Fees \_\_\_\_\_

Currency Type? \_\_\_\_\_

**Official Stamp  
of the  
Educational  
Institution**

Signature of School Official \_\_\_\_\_

Name of School Official (print) \_\_\_\_\_

School Official's Title \_\_\_\_\_

Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

Extension \_\_\_\_\_