

# CONFIRMATION OF ENROLMENT

## INSTRUCTIONS TO STUDENTS

This form should be used if:

You are returning to or continuing full-time study and have not received your new P.E.I. Student Loan Certificate of Eligibility; or

You are returning to or continuing full-time study and you have not applied for a new P.E.I. Student Loan for your continued studies; or

Your period of study end date has been extended beyond the date indicated on your last P.E.I. Student Loan Certificate of Eligibility.

All copies of this form are to be completed by you and an official of your educational institution and copies are to be distributed to:

**COPY 1 - EDULINX - PEI**

By mail: PO Box 1008, Station B, Mississauga, ON, L4Y 3W3

or,

By fax: 1-877-560-1390

**COPY 2 - Student Financial Services**

By mail: PO Box 2000, Charlottetown, PE, C1A 7N8

or,

By fax: 1-902-368-6144

**COPY 3** is to be retained for the student/borrower's records.

**COPY 4\*** is to be retained by the student's educational institution for their records.

**\*This copy cannot be accepted as confirmation of enrolment.**

Copies of this form must be sent to Student Financial Services and EDULINX - PEI at the beginning of your current study period. Be advised that once signed by an official of your educational institution this form is valid for 30 days only and not beyond the month reported as the "End Date of Current Study Period."



# Student Financial Services Confirmation of Enrolment

Please type or print clearly

### To be completed by Student

Student's Name and Address

Student's Social Insurance Number

Student's Date of Birth

Student's Phone Number

Student Identification Number

### To be completed by Educational Institution

This is to confirm that the above-named Student is enrolled at this institution in at least 60% of a full course load of studies at the post-secondary level in the period of study ending in the month indicated below.

Name and Address of Designated Educational Institution

Educational Institution Code

Start Date of Current Study Period

Name/Title of Official

End Date of Current Study Period

Official's Phone Number

Signature of Official

Valid only for 30 days after this date but not beyond end date of current study period.

Date Signed

### To be completed by Student

I hereby declare that I am enrolled at the above-named educational institution in the percentage of full course load noted above at the post-secondary level in the period of studies ending in the month indicated above. In addition, I acknowledge that information about any Student Loan disbursed to me as a result of the Application for Student Assistance may/will be reported on a regular basis to a credit agency from the time of negotiation until the loan is repaid in full. I further declare that the above information is true and correct.

Signature of Student

Date Signed

**COPY 1 – TO BE FORWARDED TO EDULINX  
COPY 2 – TO BE FORWARDED TO STUDENT FINANCIAL SERVICES  
COPY 3 – TO BE RETAINED BY STUDENT/BORROWER  
COPY 4 – TO BE RETAINED BY EDUCATIONAL INSTITUTION**