Student Financial Services
Department of Innovation and
Advanced Learning
PO Box 2000,
Charlottetown, PE
Canada C1A 7N8
Tel: 902 368-4640
Fax: 902 368-6144

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 Year / Total Years / Major or Specialty

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 _____

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 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 _____