

NOTE TO STUDENTS: PRESENT THIS FORM TO THE NSLSC OR YOUR PREVIOUS LENDER AT THE BEGINNING OF YOUR SCHOOL YEAR.

**CANADA STUDENT LOANS PROGRAM  
CONFIRMATION OF ENROLMENT  
SCHEDULE 2**

**IMPORTANT TO YOU - READ OVERLEAF**

(Version française disponible sur demande)  
PRESS FIRMLY; YOU ARE MAKING FIVE COPIES

PROVINCE	21	SOCIAL INSURANCE NO.

**CONFIRMATION OF ENROLMENT - TO BE COMPLETED BY EDUCATIONAL INSTITUTION**

SURNAME OF STUDENT				GIVEN NAMES OF STUDENT								
CURRENT ADDRESS				DATE OF BIRTH			NO. OF WKS. OF STUDY	PERIOD OF STUDIES COMMENCEMENT DATE		PERIOD OF STUDIES END DATE		
				YEAR	MONTH	DAY		YEAR	MONTH	YEAR	MONTH	
				YEAR	MONTH	DAY	YEAR	MONTH	YEAR	MONTH		
Area Code and Telephone (while at school)				INST. CODE			NOT VALID AFTER THIS DATE					
				YEAR	MONTH	DAY						
				PROGRAM OF STUDIES CODE								
				PROGRAM OF STUDIES CODE								
PERMANENT ADDRESS												
Area Code and Telephone				E-mail Address of Student								
NAME AND ADDRESS OF EDUCATIONAL INSTITUTION												

As required (1) by the CSFAA and CSFARS for CSFALS and (2) by the CSLA and CSLRs for CSLs, this confirms that this student is enrolled (✓ check one or both)  full-time and/or  part-time. (Refer to Instructions to Students on overleaf)  
The student is registered at the above named institution at the post-secondary level for the period of studies ending in the month shown above:

NAME OF AUTHORIZED OFFICER	TITLE	TELEPHONE NO.	DATE SIGNED		
			YEAR	MONTH	DAY
			YEAR	MONTH	DAY
_____ SIGNATURE OF AUTHORIZED OFFICER OF THE EDUCATIONAL INSTITUTION			▲ CONFIRMATION OF ENROLMENT VALID FOR ONLY 30 DAYS FROM THIS DATE - VOID AFTER THE PERIOD OF STUDIES END DATE		

**CONSENT AND CERTIFICATION - TO BE COMPLETED BY STUDENT**

**LOAN SUMMARY**

I certify that all the information on this document is correct as of the date indicated below. I certify that I have read and I understand the "Instructions to Students" overleaf and agree to comply with them.  I authorize my previous lender, if any, the NSLSC, and the Government of Canada to disclose to and obtain from any other consumer credit grantors, credit bureaus or credit reporting agencies all particulars and information relating to my CSFALS and CSLs. I authorize any educational institution I have attended, any appropriate authority, or any employer, to release to the lender or the NSLSC or to the federal government or its agents, whatever information they need to locate me.  I authorize the federal government, appropriate authority, educational institution, the NSLSC and any previous lender to collect, use and disclose data and information related to any of my CSLs and CSFALS that I may have for the purposes of carrying out their duties under, and the administration and enforcement of the CSLP.  If I have entered into any CSL agreements or CSFAL agreements while a minor, I hereby ratify those agreements.  Do you intend to apply for a determination as a person with a permanent disability?  <input type="checkbox"/> YES <input type="checkbox"/> NO		<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">EFFECTIVE DATE OF TRANSACTION</td> <td style="text-align: center;">YEAR</td> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">DAY</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="text-align: center;">YEAR</td> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">DAY</td> </tr> <tr> <td style="text-align: center;">AMOUNT BROUGHT FORWARD FROM PREVIOUS GUARANTEED LOANS</td> <td style="text-align: center;">Can\$</td> <td colspan="2" style="text-align: right;">.XX</td> </tr> <tr> <td style="text-align: center;">AMOUNT BROUGHT FORWARD FROM PREVIOUS RISK-SHARED LOANS</td> <td style="text-align: center;">Can\$</td> <td colspan="2" style="text-align: right;">.XX</td> </tr> </table>	EFFECTIVE DATE OF TRANSACTION	YEAR	MONTH	DAY		YEAR	MONTH	DAY	AMOUNT BROUGHT FORWARD FROM PREVIOUS GUARANTEED LOANS	Can\$	.XX		AMOUNT BROUGHT FORWARD FROM PREVIOUS RISK-SHARED LOANS	Can\$	.XX	
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FULL NAME, ADDRESS AND TELEPHONE NUMBER OF LENDER	FULL NAME, ADDRESS AND TELEPHONE NUMBER OF NSLSC  <p style="text-align: center;"> <b>National Student Loans Service Centre</b>  <b>P.O. Box 4030</b>  <b>Mississauga, Ontario</b>  <b>L5A 4M4</b> </p>	TRANSIT NUMBER	DATE (yyyy/mm/dd)															