



Student Financial Assistance Continuation or Reinstatement of Interest-Free Status

Please type or print clearly
IMPORTANT - Read Overleaf

Confirmation of Enrollment

Student's Name and Address

Student's Social Insurance Number

Student's Phone Number

Student's Date of Birth

M M / D D / Y Y

Name and Address of Eligible Education Institution

Student Identification Number

Educational Institution Code

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/Title of Official

Start Date of Current Study Period

M M / Y Y

End Date of Current Study Period

M M / Y Y

Phone Number

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Date Signed

Signature of Official

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

M M / D D / Y Y

Full Name, Address and Phone No. of Financial Institution

Transit Number

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

WHITE	TO BE FORWARDED TO FINANCIAL INSTITUTION
CANARY	TO BE FORWARDED TO STUDENT FINANCIAL SERVICES
PINK	TO BE RETAINED BY STUDENT/BORROWER
GOLDENROD	TO BE RETAINED BY EDUCATIONAL INSTITUTION