



PROGRAM INFORMATION FORM

To be completed by an authorized school representative at the Student Financial Aid or Registrar's Office

Please complete, sign the bottom section and return to the student. The student's application for funding will not be processed until we receive this document.

STUDENT INFORMATION

Student name: _____ Student ID: _____

EDUCATIONAL INSTITUTION AND STUDENT'S PROGRAM INFORMATION

Institution name: _____ Program name: _____

This student is entering year _____ of a _____ year program. Number of weeks for the entire program: _____

Level of study: Certificate Under-graduate Diploma _____
 Masters/Graduate Doctorate Other _____

The information you are providing below is for one academic year.

Start date: YYYY/MM/DD End date: YYYY/MM/DD

Tuition and fees: \$ _____ Books/supplies: \$ _____

This student will be enrolled in: 1-39% 40-59% 60-100% of a full course load

Based on the course load indicated, how would you consider this student to be enrolled: Full-time Part-time

Is this student taking this program by correspondence/distance education? Yes No

If yes, will this student have the option to request extensions for completion? Yes No

Note: If the student requests an extension you must contact our office. An extension may affect their eligibility and they may be required to pay back some or all of their funding.

If your institution is in Canada:

Is your institution designated in your province/territory for Canada/Provincial Student Loan purposes? Yes No

If yes, please provide your institution code: _____

Is the above-listed program designated for Canada/Provincial Student Loan purposes? Yes No

If your institution is outside Canada:

Is your institution designated for Title IV/FAFSA purposes? Yes No

If yes, please provide your institution code: _____

Is the above-listed program designated for Title IV/FAFSA purposes? Yes No

AUTHORIZED SCHOOL REPRESENTATIVE

Only a verified digital signature or wet-ink signature will be accepted.

Name (print): _____ Signature: _____

Title (print): _____ Date: YYYY/MM/DD

Telephone number: _____ Email: _____

Collection and use of information: We are collecting this personal information to determine the eligibility for a student's financial assistance funding in accordance with the Student Financial Assistance Act (Yukon) the Canada Student loans Act and the Canada Student Financial Assistance Act. The collection, use and disclosure of the student's personal information is done under the authority of Yukon's Access to Information and Protection of Privacy (ATIPP) Act and is managed in accordance with the ATIPP Act. If you have any questions about the collection of this information, please contact the Student Financial Assistance Office at 867-667-5929 or the Department of Education's ATIPP Coordinator at 867-667-8326.