Saskatchewan Ministry of Advanced Education, Employment and Immigration

Student Financial Assistance Branch
200 - 3303 Hillsdale Street
Regina, SK S4S 6P4
(306) 787-5620
1 800 597-8278
Fax: (306) 787-1608

Confirmation of Enrolment

Canada/Saskatchewan Student Grant for Services and Equipment for Persons with Permanent Disabilities

IMPORTANT!

- *This completed form confirms enrolment for the **Canada/Saskatchewan Student Grant Program only**. The regular process must continue to be followed to confirm enrolment for **student loan purposes**.*
- *Return this completed document directly to:*
  Dolores Bedo, Student Financial Assistance Branch,
  Saskatchewan Ministry of Advanced Education,
  Employment and Immigration
  200 - 3303 Hillsdale Street, Regina SK S4S 6P4
  FAX: 306-787-1608

STUDENT INFORMATION - *To be completed by Student. Please print clearly*

File No.	Social Insurance No.

Name of Student

Student's Mailing Address

Is this a change in your mailing address? *Yes* ❑ *No* ❑

Telephone No:

Name and Address of Next of Kin

Telephone No:

Name and Address of Specified Educational Institution

Telephone No:

Confirmation of Enrolment - *to be completed by Educational Institution*

This is to confirm that the above-named student is enrolled as a full-time or part-time student as defined by the ***Canada Student Loans Act*** and the ***Canada Student Financial Assistance Act*** at this institution in an approved course of studies for the period of study indicated below. Not to be signed more than 30 days prior to course start date. To be signed only by school official with signing authority for student loan purposes.

CONFIRMATION CANNOT EXCEED 52 WEEKS OF STUDY

Period of Study Start Date			Period of Study End Date		
day	*month*	*year*	*day*	*month*	*year*

Percentage of full course load _____%

Name of Official

Title

Signature of Official

Date Signed		
day	*month*	*year*

DECLARATION - ***To be completed by student***

I certify that all information on this document is correct as of the effective date below.

X_____ _____

Student Signature Date

*Completed form to be forwarded directly to **Dolores Bedo at the address listed above.***

AI204-0611