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

2011-2012 Practicum/Internship Information

File No. For Office Use Only

Student's Social Insurance No. _____

Student's Full Name *(please print)* _____

Message to Students

If your program involves one or more practicum/internship placements, these placements may be eligible for additional financial assistance. To be eligible:

- *your practicum/internship placement(s)* ***must be in a city/town other than where your school is located****;*
- *you have not received the maximum funding available for your period of study;*
- *you must apply for each practicum/internship placement* ***prior to your period of study end date****; and*
- *you must be considered by your school to be a full-time student during the practicum/internship placement.*

If you will incur exceptional travel costs associated with your practicum/internship/exchange program/field trip where airfare is the most reasonable form of transportation, please have your school complete the reverse side of this form. You must provide documentation verifying the cost of air travel from the airline or travel agency. Student Financial Assistance Branch may limit the amount allowed for travel.

Practicum/Internship Placement No. 1

1. Dates from Day Month Year to Day Month Year

2. Location _____

Distance (one way) from school to practicum/internship location: _____ **km one way**

Are you going to relocate to the city/town of your practicum/internship? ❑ Yes ❑ No

3. Income ***Do not declare employment or self-employment income.***
Total income (excluding employment income) received for the **entire** practicum/internship placement: $ _____

Practicum/Internship Placement No. 2

1. Dates from Day Month Year to Day Month Year

2. Location _____

Distance (one way) from school to practicum/internship location: _____ **km one way**

Are you going to relocate to the city/town of your practicum/internship? ❑ Yes ❑ No

3. Income ***Do not declare employment or self-employment income.***
Total income (excluding employment income) received for the **entire** practicum/internship placement: $ _____

Student's Signature X _____ **Date** _____

(sign in ink)

AI149-0611

Message to Educational Institutions

Please complete the following if the applicant is required to attend, out of province or out of country, a practicum/internship/exchange program/field trip as a mandatory part of their program where air travel is the most reasonable form of transportation. The applicant is required to provide verification of the cost of airfare.

DATES: Day Month Year **TO** Day Month Year

LOCATION: _____

Is this practicum/internship/exchange program/field trip a mandatory part of the applicant's program? ❑ Yes ❑ No

Provide any additional tuition or fees you are charging the applicant which are associated with this trip which are **not** included in regular tuition/fee costs declared on the Program Information Form. (Please provide in Canadian currency) $ _____

Signature of Signing Official

X_____

Signing Official's Name (print)

Signing Official's Title (print)

Date

Signing Official's Telephone Number

Email Address