

This form is to be completed by individuals who are enrolled in postdoctoral studies and who wish to postpone repayment of the student loan debt they contracted under the Loans and Bursaries Program or the Loans Program for Part-Time Studies. Please note that medical residents in Québec are not required to fill out this form.

Before completing this form, please read the "General Information" section carefully.

Reserved for Aide financière aux études

Section 1 Trainee Information

Last name		Permanent code assigned by the Ministère	
_____		_____	
First name	Social insurance number		
_____	_____		
Number	Street	Direction (North, South, East, West)	
_____	_____	_____	
Apartment	Municipality		
_____	_____		
Municipality (cont.)	Province	Postal code	Telephone number (home) Area code
_____	_____	_____	_____
Country	Other telephone number Area code		Extension
_____	_____		_____
E-mail address _____			
If you provide your e-mail address, you will receive your correspondence by e-mail.			

Section 2 Trainee's Family Situation

Check the box that applies to your situation. (If you have no dependent children, go to the next section.)

I am a single parent. I have one or more dependent children but I am not a single parent.

Give the first and last names and date of birth of each of your dependent children.

First name	Last name
_____	_____
Date of birth Y M D	

First name	Last name
_____	_____
Date of birth Y M D	

If you need more space, please attach a separate sheet.

