

Reserved for Aide financière aux études

Complete only those sections of the form relating to the information you wish to change. Remember to sign the form and to have your spouse, parents or sponsor sign the form if you are reporting a change in their circumstances.

|                                       |            |  |
|---------------------------------------|------------|--|
| <b>STUDENT'S PERSONAL INFORMATION</b> | Last name  | Permanent code assigned by the Ministère |
|                                       | First name |  |

**1 Change Relating to the Student**

**A Address**

I wish to inform you of a change in my address   
or in that of my  father or sponsor  mother  parents

Mailing address

Number Street

Street (cont.) Apartment

Municipality

Province Country

Postal code Area code Ext.

Telephone number

E-mail (optional):

**B Civil Status or Situation**

I have been:  married  divorced  widowed  
 in a civil union  de facto separated  legally separated

..... since Y M D

My father or sponsor has been deceased ..... since Y M D

My mother has been deceased ..... since Y M D

I have been a single parent ..... since Y M D

I have been living with a de facto spouse and at least one child ..... since Y M D

I ceased living with my spouse ..... on Y M D

**B Civil Status or Situation (cont.)**

Check **only one** of the following boxes.

I have earned 90 credits toward a single degree (i.e. in the same program) at a Québec university or at a university outside Québec.

I have earned a bachelor's degree in Québec.

I am at least 20 weeks pregnant.

I have been in one or both of the following situations for a total period of at least 24 months, without ever studying full-time during this period:

(1) I have held a paid job or have received employment insurance or income replacement benefits while living with my parents or elsewhere.

(2) I have supported myself while living elsewhere than with my parents or sponsor.

Please give the date on which the change occurred: ..... Y M D

**C Educational Institution**

Complete this section if you have transferred or are transferring to a different educational institution or if there has been a change in the number of course hours or credits for which you are enrolled during a given term. You must give the name and code of your educational institution even if the only change is the number of course hours or credits.

| Name of educational institution | Institution code | Number of course hours or credits                               |
|---------------------------------|------------------|---|
| FALL 2010                       |                  | <input type="checkbox"/> hours <input type="checkbox"/> credits |
| WINTER 2011                     |                  | <input type="checkbox"/> hours <input type="checkbox"/> credits |
| SUMMER 2011                     |                  | <input type="checkbox"/> hours <input type="checkbox"/> credits |

