

This form is to be completed by students who, as part of their program of study, complete a **compulsory workplace practicum** requiring that **they live away from their usual place of residence**. A form must be filled out and submitted for each individual practicum.

However, **this form is not required** if the practicum lasts at least three months (a full term) and the student has a parental or sponsor contribution and as such, does not qualify for practicum expenses. If this is your case, in order to have your non-resident cost of living expenses recognized, you instead **must provide a letter from your educational institution** that stipulates the location of the practicum and its start and end dates and confirms that you are required to live away from home.

Section 1 – Student Information

Last name

Permanent code assigned by the Ministère

First name

Date of birth Y M D

Social insurance number

Section 2 – Program of Study

Name of educational institution

Code

Name of program

Code

Section 3 – Practicum

Fill out this section and have it signed by the person in charge of student financial aid at your educational institution.

In order to receive an allowance for your practicum expenses during a full-time period of studies that includes both coursework and one or more practicums, the practicum must be recognized, compulsory and last less than three months. Expenses will be allowed for any given month during which you are required to live away from your usual place of residence for at least one day.

However, if the practicum lasts at least three months (a full term) and you have a spouse, your spouse must continue to live in your usual place of residence in order for you to qualify for practicum expenses.

Check the box that applies to your situation

- I am enrolled as a full-time student in a program that includes both coursework and one or more practicums, and I am required to occasionally leave my usual place of residence for the purposes of the practicum.
- I am enrolled in a practicum lasting a full term and am required to leave my usual place of residence during that time for the purposes of the practicum and my spouse will continue living at our usual place of residence.

Duration of the practicum (in weeks):

Start date Y M D

End date Y M D

Start and end dates of the practicum:

Name and address of the host institution:

Signature of financial assistance officer

Date Y M D

Section 4 – Student's Signature

I certify that the information I have provided is accurate and complete.

Signature

Date Y M D