

Students studying outside Québec who apply for financial assistance need to submit this form to Aide financière aux études.

This form must be filled out by an authorized employee of the educational institution's registrar's office or student aid office. Two forms will be required if the student is enrolled in two different programs or at two different educational institutions during the same award year.

This form may be repeatedly required during the course of the year in order to confirm attendance.

Section 1 – Student's Personal Information

Last name		Permanent code	
<input type="text"/>		<input type="text"/>	
First name	Date of birth	Social insurance number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Section 2 – Educational Institution

Name of educational institution		Code assigned by the Ministère to the educational institution (if known)	
<input type="text"/>		<input type="text"/>	
Number	Street	Direction (North, South, East, West)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Municipality			
<input type="text"/>			
Municipality (cont.)	Province	Postal code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country	Telephone number		Area code
<input type="text"/>	<input type="text"/>		<input type="text"/>

Section 3 – Program of Study

Faculty	
<input type="text"/>	
Name of program of study	Code assigned by the Ministère
<input type="text"/>	<input type="text"/>
Level of Education	
College education: <input type="checkbox"/>	
University education:	Undergraduate: <input type="checkbox"/>
	Master's with thesis: <input type="checkbox"/> Master's without thesis: <input type="checkbox"/>
	Doctoral: <input type="checkbox"/>

Section 4 – Confirmation of Student Status

Please check the **main educational activity** for each of the 12 months from September to August, then enter the start and end dates for each training activity.

Educational activity definitions:

Full-time or part-time studies: status determined by the educational institution on the basis of its criteria

Full-time practicum: compulsory practicum for receiving the degree

Writing: thesis or dissertation

Not enrolled: Is not attending the educational institution during this period of time

If the educational activity starts before September 1, 2019, enter the exact date here:

Y	M	D

If the educational activity ends after August 31, 2020, enter the exact date here:

Y	M	D

	2019				2020							
	September	October	November	December	January	February	March	April	May	June	July	August
Full-time studies												
Start date (day)												
End date (day)												
Entire month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full-time practicum												
Start date (day)												
End date (day)												
Entire month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing												
Start date (day)												
End date (day)												
Entire month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-time studies												
Start date (day)												
End date (day)												
Entire month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not enrolled												
Start date (day)												
End date (day)												
Entire month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5 – Signature of the authorized person of the educational institution

Last and first names

Telephone number

Area code	Area code	Area code	Area code	Area code	Area code	Area code	Area code	Area code	Area code	Area code	Area code	Area code	Area code

Extension

I attest that as of the date of signature, this student does, did or will pursue the educational activity mentioned in Section 4.

Signature X _____

Date

Y	M	D

