

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.

Reserved for Aide financière aux études

Student's Personal Information

Last name

First name

Permanent code assigned by the Ministère

Section 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 Telephone number (home) Area code Ext.

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 since Y M D

B. Civil Status or Situation (cont.)

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

- I have studied at the university level in Québec for at least three years and earned 90 credits in a single program
OR I have studied full time at the university level outside Québec for at least four years in a single program
OR I have studied full time at the university level outside Québec for at least three years in a single program while holding a Diploma of College studies.
- 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 (if both, periods must be consecutive):
 - (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 2017 <input type="text"/>	<input type="text"/>	<input type="text"/> hours <input type="checkbox"/> credits
WINTER 2018 <input type="text"/>	<input type="text"/>	<input type="text"/> hours <input type="checkbox"/> credits
SUMMER 2018 <input type="text"/>	<input type="text"/>	<input type="text"/> hours <input type="checkbox"/> credits

Section 2 – Dependent Children

Complete this section to report a change in the number of dependent children or to advise us that you have one or more children 12 to 17 years old or over with a major functional disability or mental disorder. A major functional disability is a handicap that significantly and persistently limits a person's ability to perform normal daily tasks. Such a handicap must be attested by a medical certificate.

Child's last name _____ Date of birth

Y	M	D

Child's first name _____

This child is no longer is my dependent since

Y	M	D

has a major functional disability or mental disorder

Child's last name _____ Date of birth

Y	M	D

Child's first name _____

This child is no longer is my dependent since

Y	M	D

has a major functional disability or mental disorder

Section 3 – Student's Spouse

Complete this section if you are now married or living as though married with someone.

Last name _____ Social insurance number _____ Date of birth

Y	M	D

First name _____

Please enclose *Schedule 1 – Student's Spouse*. This form is available on our web site.

Section 4 – Student's Custody

Indicate who now has custody of you:

Both parents Father Mother Sponsor Date of change:

Y	M	D

Please enclose *Schedule 2 – Student's Parents or Sponsor*. This form is available on our web site.

Section 5 – Drop in Income

Complete this section if you expect your family income for 2017 to drop by at least 10% compared with that for 2016. You must take into account all amounts received or to be received in 2017. Depending on your situation, your family income may include your income and that of your spouse, parents or sponsor.*

Total income for the 2017 taxation year

Your must enter the total amounts received or to be received as reported to Revenu Québec for the period from January 1 to December 31, 2017 (line 199 of your Québec income tax return).

Student	<input type="checkbox"/> Father <input type="checkbox"/> Spouse <input type="checkbox"/> Sponsor	Mother	
\$ _____ .00	\$ _____ .00	\$ _____ .00	

* If, for the protection of personal information, your parents' or sponsor's income must remain confidential, your parents or sponsor may use another copy of this form and send it to us separately.

Section 6 – Other Changes

Section 7 – Signature (Only those concerned by the changes reported in this form must sign this section.)

I hereby certify that all the information provided is accurate and complete.

_____ Student's signature	_____ Spouse's signature
_____ Father's or sponsor's signature	_____ Mother's signature