

This form must be completed by students who are beginning or continuing studies outside Québec and who wish to obtain recognition of an educational institution or program of study for the purpose of receiving a student loan.

Section 1 – Student’s Personal Information

Last name Permanent code assigned by the Ministère

First name Ms. Mr.

Number Street Direction (North, South, East, West)

Apartment Municipality

Municipality (cont.) Province Postal code Telephone number (home)
Area code

Country Other telephone number Extension
Area code

E-mail address

Section 2 – Educational Institution

Name of educational institution Code assigned by the Ministère (if known)

Number Street Direction (North, South, East, West)

Municipality

Municipality (cont.) Province Postal code

Country Telephone number Extension
Area code

Specify the name and coordinates of the person responsible for financial assistance at the educational institution. Such persons may work in various sectors, e.g. registrar’s office, general administration, international relations, accounting, program of study.

Last name Telephone number
Area code

First name Other telephone number
Area code Extension

Number Street Direction (North, South, East, West)

Office Municipality

Municipality (cont.) Province Postal code

Country Fax
Area code

E-mail address

Section 3 – Program of Study

Specify the name and code of your program of study and the related level of education.

Name of program of study

- | | |
|--|---|
| <input type="checkbox"/> College – Vocational training | <input type="checkbox"/> Master's degree without thesis |
| <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Doctoral degree |
| <input type="checkbox"/> Master's degree with thesis | |

If you are pursuing college studies, specify the duration of the program in months. Number of months

If you are pursuing university studies, specify the total number of credits of the program, e.g. a bachelor's degree may correspond to 90 or 120 credits. Number of credits

Specify the eligibility requirements of your program of study.

a) Diploma required

b) Other prerequisites

Specify the name of the program diploma.

Note: Aircraft piloting programs, quota programs in medicine (including for the preparatory year), alternative medicine (except for acupuncture) and police techniques, institutions that only offer distance education programs, programs that are only available for part-time studies, independent studies, religious programs and programs lasting less than three months are not recognized.

Section 4 – Study Period

Specify what you plan to be doing during each study period of the current year and, if applicable, the following two years, and the compulsory fees charged per year. Check off only those boxes that correspond to the periods in which you will be considered a full-time student.

	Type of activity	Type of activity	Type of activity	Compulsory fees for the year
First year Start date <input type="text"/> Y <input type="text"/> M <input type="text"/> D End date <input type="text"/> Y <input type="text"/> M <input type="text"/> D	Fall <input type="checkbox"/> Full-time studies <input type="checkbox"/> Full-time practicum <input type="checkbox"/> Cooperative program <input type="checkbox"/> Thesis Number of hours <input type="text"/>	Winter <input type="checkbox"/> Full-time studies <input type="checkbox"/> Full-time practicum <input type="checkbox"/> Cooperative program <input type="checkbox"/> Thesis Number of hours <input type="text"/>	Summer <input type="checkbox"/> Full-time studies <input type="checkbox"/> Full-time practicum <input type="checkbox"/> Cooperative program <input type="checkbox"/> Thesis Number of hours <input type="text"/>	\$ <input type="text"/> .00
Second year Start date <input type="text"/> Y <input type="text"/> M <input type="text"/> D End date <input type="text"/> Y <input type="text"/> M <input type="text"/> D	Fall <input type="checkbox"/> Full-time studies <input type="checkbox"/> Full-time practicum <input type="checkbox"/> Cooperative program <input type="checkbox"/> Thesis Number of hours <input type="text"/>	Winter <input type="checkbox"/> Full-time studies <input type="checkbox"/> Full-time practicum <input type="checkbox"/> Cooperative program <input type="checkbox"/> Thesis Number of hours <input type="text"/>	Summer <input type="checkbox"/> Full-time studies <input type="checkbox"/> Full-time practicum <input type="checkbox"/> Cooperative program <input type="checkbox"/> Thesis Number of hours <input type="text"/>	\$ <input type="text"/> .00
Third year Start date <input type="text"/> Y <input type="text"/> M <input type="text"/> D End date <input type="text"/> Y <input type="text"/> M <input type="text"/> D	Fall <input type="checkbox"/> Full-time studies <input type="checkbox"/> Full-time practicum <input type="checkbox"/> Cooperative program <input type="checkbox"/> Thesis Number of hours <input type="text"/>	Winter <input type="checkbox"/> Full-time studies <input type="checkbox"/> Full-time practicum <input type="checkbox"/> Cooperative program <input type="checkbox"/> Thesis Number of hours <input type="text"/>	Summer <input type="checkbox"/> Full-time studies <input type="checkbox"/> Full-time practicum <input type="checkbox"/> Cooperative program <input type="checkbox"/> Thesis Number of hours <input type="text"/>	\$ <input type="text"/> .00

Note: The compulsory fees charged by your educational institution include admission fees, registration fees, tuition fees, fees related to instructional services and other fees charged by the educational institution. Do not include the cost of school supplies, insurance premiums or living expenses. Compulsory fees must be specified in the currency of the country in which your educational institution is located.

Section 5 – Student's signature

I hereby declare that the information provided is accurate and complete.

Signature **X**

Date Y M D