

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	
<input type="text"/>		<input type="text"/>	
First name		<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	
Number	Street	Direction (North, South, East, West)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Apartment	Municipality		
<input type="text"/>	<input type="text"/>		
Municipality (cont.)	Province	Postal code	Telephone number (home) <small>Area code</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Other telephone number <small>Area code</small>		Extension
<input type="text"/>	<input type="text"/>		<input type="text"/>
E-mail address <input type="text"/>			

Section 2 – Educational Institution

Name of educational institution		Code assigned by the Ministère (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 <small>Area code</small>		Extension
<input type="text"/>	<input type="text"/>		<input type="text"/>
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 <small>Area code</small>	
<input type="text"/>		<input type="text"/>	
First name		Other telephone number <small>Area code</small>	
<input type="text"/>		<input type="text"/>	
Number	Street	Direction (North, South, East, West)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Office	Municipality		
<input type="text"/>	<input type="text"/>		
Municipality (cont.)	Province	Postal code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country	Fax <small>Area code</small>		
<input type="text"/>	<input type="text"/>		
E-mail address <input type="text"/>			

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

- College – Vocational training
- Bachelor’s degree
- Master’s degree with thesis
- Master’s degree without thesis
- Doctoral degree

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 style="width: 20px;" type="text"/> Y <input style="width: 20px;" type="text"/> M <input style="width: 20px;" type="text"/> D End date <input style="width: 20px;" type="text"/> Y <input style="width: 20px;" type="text"/> M <input style="width: 20px;" 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 style="width: 40px;" 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 style="width: 40px;" 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 style="width: 40px;" type="text"/>	\$ <input style="width: 100px;" type="text"/> .00
Second year Start date <input style="width: 20px;" type="text"/> Y <input style="width: 20px;" type="text"/> M <input style="width: 20px;" type="text"/> D End date <input style="width: 20px;" type="text"/> Y <input style="width: 20px;" type="text"/> M <input style="width: 20px;" 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 style="width: 40px;" 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 style="width: 40px;" 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 style="width: 40px;" type="text"/>	\$ <input style="width: 100px;" type="text"/> .00
Third year Start date <input style="width: 20px;" type="text"/> Y <input style="width: 20px;" type="text"/> M <input style="width: 20px;" type="text"/> D End date <input style="width: 20px;" type="text"/> Y <input style="width: 20px;" type="text"/> M <input style="width: 20px;" 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 style="width: 40px;" 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 style="width: 40px;" 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 style="width: 40px;" type="text"/>	\$ <input style="width: 100px;" 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