

Revised Program Information

(For Full-Time Post-Secondary Programs Only)

Student Service Centre
1120 - 2010 12th Avenue
Regina, Canada S4P 0M3
306-787-5620
1-800-597-8278

For Office Use Only	
File No.	

Student Information

(Please print)

Social Insurance Number: _____ Student No. (if applicable): _____

Last Name: _____ First Name: _____

TO BE COMPLETED BY SCHOOL OFFICIAL

School Information

School Name: _____ Educational Institution Code: _____

Address: _____

Program Information

Program Name: _____

Program Start and End Dates: **THIS PERIOD CANNOT EXCEED 52 WEEKS**

Start Date (dd/mmm/yyyy): _____ End Date (dd/mmm/yyyy): _____

Program Level of Study. Check (✓) the appropriate box.

☐ Certificate ☐ Diploma ☐ Bachelor's Degree ☐ Master's Degree ☐ PhD

Year ____ of a ____ year program Percentage of a course load this student will be taking: ____ %

Is the majority of this program taken by correspondence, distance education, or online studies?

☐ Yes ☐ No

Tuition, Fees, Books, and Supplies

Give the following amount in **Canadian** currency:

Cost of Tuition and Compulsory Fees \$ _____ Cost of Books and Supplies \$ _____

Please notify the Ministry of Advanced Education, Student Service Centre promptly if any of this program information changes.

Signing
Official's Name: _____

Title: _____

X _____

Date: _____

Signature of Signing Official

Phone Number: _____

Email: _____