

# 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

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## 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: \_\_\_\_\_