

Student Information:

Student Name:	Student Loan File Number:
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Academic Strategist Information:

Name:	Email Address:
Phone Number:	Hourly Rate:

Academic Strategist Credentials (Please check one):

<input type="checkbox"/> Bachelor's Degree in Education	<input type="checkbox"/> Bachelor's Degree in Special Education
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Academic Strategists must have a minimum credential of either a Bachelor's Degree in Education or a Bachelor's degree in Special Education. Credentials must also be uploaded in MyPATH. A current resume is sufficient to show credentials.

The *Services Receipt for Academic Strategy Sessions* must be completed and signed by the student and their Academic Strategist.

Helpful Information for completing this form:

All service requests for Academic Strategy Sessions funding must be made by the student in their MyPATH account.

Receipts for Academic Strategy Sessions must be submitted via upload to the student's MyPATH account by the last day of the student's study period (usually the last day of the semester). Receipts submitted via email will not be accepted.

PSAS may contact Academic Strategists to verify information provided on the receipt and for quality assurance purposes.

This receipt must be completed and signed by the student AND Academic Strategist. Receipts missing required information will not be accepted and will be returned to the student for completion.

Once complete, the student must upload the form to their MyPATH account before the last day of their study period (last day of the semester/program).



Post Secondary Accessibility Services (PSAS)

Services Receipt

Academic Strategy Sessions

Complete both columns (date of service and number of hours). Include the total number of Academic Strategy Session hours at the bottom of right column.

Date of service	Number of Strategy Session Hours
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
Total of Strategy Session Hours:	

CSG-DSE funding is subject to all Canada Student Financial Assistance Program (CSFAP) policies and regulations. I understand that by signing my name below, I certify that the information on this form is complete and accurate.

Student Signature: _____ Date: _____

Academic Strategist Signature: _____ Date: _____

Once complete, the student must upload the form to their MyPATH account before the last day of their study period (last day of the semester/program).