



CHANGE OF INFORMATION FORM

Student's Name: \_\_\_\_\_

Social Insurance (SIN) # or Student Assistance File #: \_\_\_\_\_

SCHOOL/PROGRAM DETAILS

Name of Educational Institution you plan to attend: \_\_\_\_\_

Campus name and location (if applicable): \_\_\_\_\_

Official name of Program you are enrolled in: \_\_\_\_\_

Current Study Period: Start date: Day: \_\_\_\_/Month: \_\_\_\_/Year: \_\_\_\_

End date: Day: \_\_\_\_/Month: \_\_\_\_/Year: \_\_\_\_

You will be entering year \_\_\_\_ of a \_\_\_\_ year program (example: 1 of 1 or 2 of 4)

Number of credits you will be taking for your current study period: \_\_\_\_\_

Tuition Amount: \$\_\_\_\_ Books: \$\_\_\_\_

Receiving: Tuition waiver \$\_\_\_\_, Source: \_\_\_\_\_

Receiving: Scholarship/ Bursary \$\_\_\_\_, Source: \_\_\_\_\_

If you're in a Co-op Work Term during the current study period, what are the dates of your work term?

Work Term: Start date: Day: \_\_\_\_/Month: \_\_\_\_/Year: \_\_\_\_

End date: Day: \_\_\_\_/Month: \_\_\_\_/Year: \_\_\_\_

LIVING ACCOMODATION CHANGES

Where will you be living while you are in school?

\_\_\_\_ With parents or spouse. What is the distance to school? \_\_\_\_ KM (one way)

\_\_\_\_ Away from parents or spouse. What is the distance to school? \_\_\_\_ KM (one way)

FINANCIAL RESOURCES CHANGES

Report any changes in income for your:

Pre-Study Period: \$\_\_\_\_, Study Period: \$\_\_\_\_

Report any changes in your spouse/common law partner's income for your:

Pre-Study Period: \$\_\_\_\_, Study Period: \$\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: Day: \_\_\_\_/Month: \_\_\_\_/Year: \_\_\_\_