



# PROGRAM INFORMATION FORM

## To be completed by the Student Financial Assistance or Registrar's Office

Please complete, sign the bottom section and return by email to [sfa@gov.yk.ca](mailto:sfa@gov.yk.ca) or fax 867-667-8555 to our office. The student's application for funding will not be processed until we receive this document.

### STUDENT INFORMATION

Student name: \_\_\_\_\_ Student ID: \_\_\_\_\_

### EDUCATIONAL INSTITUTION AND STUDENT'S PROGRAM INFORMATION

Institution name: \_\_\_\_\_ Program name: \_\_\_\_\_

This student is entering year \_\_\_\_\_ of a \_\_\_\_\_ year program.

Level of study:  Certificate  Diploma  Under-graduate  
 Masters/Graduate  Doctorate  Other \_\_\_\_\_

**The information you are providing below is for one academic year.  
If this program does not have traditional semesters, attach a breakdown of the course outline.**

Start date: YYYY/MM/DD End date: YYYY/MM/DD

Tuition and fees: \$ \_\_\_\_\_ Books/supplies: \$ \_\_\_\_\_

This student will be enrolled in:  1-39%  40-59%  60-100% of a full course load

Based on the course load indicated, how would you consider this student to be enrolled:  Full-time  Part-time

Is this student taking this program by correspondence/distance education?  Yes  No

If yes, will this student have the option to request extensions for completion?  Yes  No

**Note:** If the student requests an extension you must contact our office. An extension may affect their eligibility and they may be required to pay back some or all of their funding.

### If your institution is in Canada:

Is your institution designated in your province/territory for Canada/Provincial Student Loan purposes?  Yes  No

If yes, please provide your institution code: \_\_\_\_\_

Is the above-listed program designated for Canada/Provincial Student Loan purposes?  Yes  No

### If your institution is outside Canada:

Is your institution designated for Title IV/FAFSA purposes?  Yes  No

If yes, please provide your institution code: \_\_\_\_\_

Is the above-listed program designated for Title IV/FAFSA purposes?  Yes  No

### AUTHORIZED SCHOOL REPRESENTATIVE

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Title (print): \_\_\_\_\_ Date: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Collection and use of information:** We are collecting this personal information to determine the eligibility for a student's financial assistance funding in accordance with the Student Financial Assistance Act (Yukon) the Canada Student loans Act and the Canada Student Financial Assistance Act. The collection, use and disclosure of the student's personal information is done under the authority of Yukon's Access to Information and Protection of Privacy (ATIPP) Act and is managed in accordance with the ATIPP Act. If you have any questions about the collection of this information, please contact the Student Financial Assistance Office at 867-667-5929 or the Department of Education's ATIPP Coordinator at 867-667-8326.