

Saskatchewan Student Grant for Part-Time Studies

Confirmation of Enrolment

Student Service Centre
 1120 - 2010 12th Avenue
 Regina, Canada S4P 0M3
 306-787-5620
 1-800-597-8278
 Fax: 306-787-1608

For Office Use Only
File No. <input style="width: 150px; height: 20px;" type="text"/>

IMPORTANT!

This completed form confirms enrolment for the **Saskatchewan Student Grant for Part-Time Studies only**. The regular process must continue to be followed to confirm enrolment for **student loan purposes**.

Return this completed document directly to:

Ministry of Advanced Education, 1120 - 2010 12th Avenue, Regina SK S4P 0M3 Fax: 306-787-1608

Student Information - to be completed by student

Student's Post-Secondary Education No.: _____

Student's Full Name: _____

<p>Student's Mailing Address</p> <p>Is this a change in your mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Telephone No.: _____</p>	<p>Name and Address of Specified Education Institution</p> <p>Telephone No.: _____</p>
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Confirmation of Enrolment - to be completed by Educational Institution

This is to confirm that the above-named student is enrolled as a full-time or part-time student as defined by *The Canada Student Loans Act* and *The Canada Student Financial Assistance Act* at this institution in an approved course of studies for the period of study indicated below. Not to be signed more than 30 days prior to course start date. To be signed only by school official with signing authority for student loan purposes.

CONFIRMATION CANNOT EXCEED 52 WEEKS OF STUDY

Period of Study Start Date (dd/mmm/yyyy): _____ Percentage of full course load: _____ %

Period of Study End Date (dd/mmm/yyyy): _____

 Name of Official

 Title

X _____
 Signature of Official

 Date

Valid for 30 days after this date but not beyond Period of Study End Date

Declaration - to be completed by student

I certify that all information on this document is correct as of the effective date below.

X _____
 Signature of Student

 Date

Saskatchewan Student Grant for Part-Time Studies

Direct Deposit Form

Check one only

To Start Direct Deposit

To Change Information on Direct

Full Name _____

Mailing Address _____ Postal Code _____

Email Address _____

1. Sign this form authorizing payment by direct deposit to your account.

I hereby authorize direct deposit to the account designated below. I understand that the information provided herein will be used by the Government of Saskatchewan for the purposes of payment processing and accordingly is available to all ministries of the Government of Saskatchewan for such purposes. Further, I understand that this agreement may be cancelled at any time by myself or the Government of Saskatchewan by written notice.

Signer's Name _____ Title _____
(please print) (please print)

Authorizing Signature _____ Telephone Number _____

2. Please do A or B: (A is preferable, unless we are paying to a non-chequing account)

A) Attach a current blank company cheque or photocopy marked "Void". The payee's name and address should be pre-printed on the cheque.

Or

B) Have an official from your financial institution provide the following information regarding your current account.

Branch	Institutio	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name and Address of Financial Institution _____

Financial Institution Official's Signature and Stamp _____

Please fax to Student Services at (306) 787-1608

For Office Use Only	Supplier Site Name _____
	Date Received in Finance _____ Received by _____
	Date Entered on MIDAS _____ Entered by _____