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 Department of Education  
 Ilinniaqtuliyiyitkut  
 Ministère de l'Éducation

# Financial Assistance for Nunavut Students

## STUDENT ENROLLMENT FORM

### ! IMPORTANT

This form must be sent to the FANS office as soon as you enroll in courses at school. This form confirms that you have registered for courses in a particular semester. Please fill out this form completely. The FANS office recommends you submit your SEF as soon as possible and accepts them up to 1 month before the start of each semester. You will receive your funding within fifteen (15) business days of receipt of this form by the FANS office. For loans students, FANS must have your signed Loan Agreement before it issues any loan payments. Funding cannot begin prior to the start of your classes.

#### Submit your completed form to:

[FANS@gov.nu.ca](mailto:FANS@gov.nu.ca) (for Nunavut Inuit enrolled under Nunavut Agreement)

[FANSLoans@gov.nu.ca](mailto:FANSLoans@gov.nu.ca) (for students not enrolled under the Nunavut Agreement)

### A - TO BE COMPLETED BY STUDENT

I, \_\_\_\_\_ of Nunavut Community \_\_\_\_\_  
 Declare that my eligibility for financial assistance has not changed since I was approved for student financial assistance by FANS. I agree to inform the FANS office of any changes to my status as they occur during the school year. I understand that failure to do this may result in termination of benefits, recovery of benefits paid, and possible legal action.

Student's Signature		Student/College ID #	
My mailing address while at school is:			
Community	Territory/Province	Postal Code	
Telephone (Home)	Email Address		

### B - TO BE COMPLETED BY POST-SECONDARY INSTITUTION

I, \_\_\_\_\_ CERTIFY THAT: \_\_\_\_\_  
 (Name of Educational Officer) (Student's Name)

Is registered in as a Full-Time Student in a Post-Secondary Program and is in the: \_\_\_\_\_

Please check the correct box:      1st      2nd      3rd      4th      5th      of a \_\_\_\_\_ year program

Please check the correct box:      Certificate      Diploma      Bachelor's      Masters      PhD  
 Other (please specify): \_\_\_\_\_

IN: (Program)      AT: (Name of Institution)

The current term:      Fall      Winter      Spring/Summer

Start Date (yy-mm-dd):      End Date (yy-mm-dd):

Full Time      Part Time      The Academic Year has (check one)      1 term      2 terms      3 terms

Semester/Term	Tuition Costs	Book Costs	Mandatory Fees
Fall	\$	\$	\$
Winter	\$	\$	\$
Spring/Summer	\$	\$	\$

Canada Student Loan Institution Code

Signature of Official      Title of Official

Phone number      Fax number