

NOTE TO STUDENTS: Present this form to the NSLSC or your previous Lender at the beginning of your school year.

CANADA STUDENT LOANS PROGRAM CONFIRMATION OF ENROLMENT **SCHEDULE 2**

IMPORTANT	NOTICE - READ	OVERLEAF
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Province

(Version française disponible sur demande)					4 1						
Confirmation of Enrolment - To Be Completed By The	Student and Education	al Institution									
Family Name of Student		Given Names of Student									
Address While at School		Date of B	irth	Number of	Period of Stud	ly Commence	ment Period	of Study En	ud Date		
, talists 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			Month Day	Weeks of Study	Year	Date Mo		ear ear	Month		
		Institution Code				NOT	VALID AFTI				
Primary Telephone Number			<u> </u>				THIS DA	ΓE			
Thindy toophore remote		Program of Study Co	ode								
Permanent Address											
Secondary Telephone Number		Email Address of Stud	dent								
Name and Address of Educational Institution											
To Be Completed By Educational Institution - As req											
student is enrolled (\checkmark check one) \square full-time or \square part institution at the post-secondary level for the period of s			on overleaf.)	The st	udent is re	gistered	at the abo	/e-name	ed		
Name of Authorized Officer Title	au, onang maro mena		Telephone Nu	mber			Date S	Signed			
							Year	Month	Day		
·											
Signature of Auth	orized Officer of the Educational	Institution					rmation of enrol from this date –	VOID after			
							of study	end date.			
Consent and Certification - To Be Completed By The					Loan Sun	nmary	1				
I certify that all the information on this document is correct as of the date Students' overleaf and agree to comply with them.					Effective I	Date of	Year	Month	Day		
I authorize my previous lender, if any, the NSLSC, and the Government credit bureaus or credit reporting agencies all particulars and information any appropriate authority, or any employer, to release to the lender or the	relating to my CSLs. I authoriz	ze any educational ins	titution I have at	tended,	Transa						
need to locate me. I authorize the federal government, appropriate authority, educational ins	•	•		, L							
disclose data and information related to any of my CSLs and/or CALs administration and enforcement of the CSLP.	that I may have for the purpose	es of carrying out thei	r duties under,	and the	Amount Broug		CAD		.XX		
If I have entered into any CSL agreements while a minor, I hereby ratify t amounts of financial assistance previously provided.	hose agreements. I further ackn	lowledge that I am inde	ebted to Canada		Guaranteed L		0712		., 0 (
Do you intend to apply for a determination as a person with a permanent disability?											
	modded in this docum	iciaaea in this accument.				ght previous	CAD		.XX		
Yes No	Student's Signature	,	Date (YYYY-MI		Risk-Shared Loans						
Full Name, Address and Telephone Number of the Lender	Full Name, Address and Telepi	hone Number of the N	SLSC								
	National S	tudent Loans	5								
	Service Ce				Transit Numbe	er					
	P.O. Box 4 Mississaug	เบรบ ga, Ontario L	.5A 4M4								

COPY 1 - NSLSC OR LENDER





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CANADA STUDENT LOANS PROGRAM CONFIRMATION OF ENROLMENT **SCHEDULE 2**

IMPORTANT	NOTICE - READ	OVERLEAF
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22

Province

(Version française disponible sur demande)					Α					
Confirmation of Enrolment - To Be Completed By The	e Student and Educationa	al Institution								
Family Name of Student				Given	Names of Stu	udent				
Address While at School		Date of		Number o Weeks of		Date		of Study Er		
		Year	Month Day	Study	Year	Mo	onth Y	ear	Month	
				<u> </u>						
		Institution Code				NOT	VALID AFT THIS DA			
Primary Telephone Number							11110 02			
		Program of Study C	Code							
Permanent Address										
Secondary Telephone Number		Email Address of Str	udent							
Name and Address of Educational Institution										
To Be Completed By Educational Institution - As rec	uired (1) by the CSFAA a	and CSFAR and	(2) by the	CSLA ar	nd CSLR fo	or CSLs.	this confirr	ns that	this	
student is enrolled (✓ check one) ☐ full-time or ☐ par	t-time. (Refer to Instruction	ons to Students								
institution at the post-secondary level for the period of s	study ending in the month	shown above.	Talanhana N				Dete	D:		
Name of Authorized Officer Title			Telephone N	umber			Year	Signed Month	Day	
							Tour	WOTET	Duy	
Signature of Auth	norized Officer of the Educational I	Institution					irmation of enro from this date			
							or study	end date.		
Consent and Certification - To Be Completed by Stud	dent				Loan Sur	nmary				
I certify that all the information on this document is correct as of the date Students" overleaf and agree to comply with them.	indicated below. I certify that I ha	ive read and I under	stand the "Instru	ctions to			Year	Month	Day	
I authorize my previous lender, if any, the NSLSC, and the Government credit bureaus or credit reporting agencies all particulars and information					Effective Transa					
any appropriate authority, or any employer, to release to the lender or the need to locate me.	e NSLSC or to the federal governr	ment or its agents, w	hatever informa	tion they						
I authorize the federal government, appropriate authority, educational indisclose data and information related to any of my CSLs and/or CALs					Amount Prov	ight Forwar	4			
administration and enforcement of the CSLP. If I have entered into any CSL agreements while a minor, I hereby ratify					from previous	s	CAD		.XX	
amounts of financial assistance previously provided.					Guaranteed I	Loans				
Do you intend to apply for a determination as a person with a permanent disability?	I have read and unders included in this docume	nd understood the Privacy Notice Statement								
	modece in the docume				Amount Brou Forward from	n previous	CAD		.XX	
Yes No	Student's Signature		Date (YYYY-M	IM-DD)	Risk-Shared	Loans				
Full Name, Address and Telephone Number of the Lender	Full Name, Address and Telepho	one Number of the N	ISLSC				-			
	National St	udent Loan	e							
	Service Ce		3		Transit No.	nor.				
	P.O. Box 40				Transit Numb	Jel				
		ga, Ontario I	L5A 4M4							

COPY 22A - STUDENT





NOTE TO STUDENTS: Present this form to the NSLSC or your previous Lender at the beginning of your school year.

CANADA STUDENT LOANS PROGRAM CONFIRMATION OF ENROLMENT **SCHEDULE 2**

IMPORTA	NT NO	TICE -	READ	OVERL	EAF

Province

(Version française disponible sur demande)					4 2						
Confirmation of Enrolment - To Be Completed By	The Student and Educationa	al Institution			'				•		
Family Name of Student		Given Names of Student									
Address While at School		Date of Bi	rth	Number of	Period of Study Com	mencemen	Period	of Study En	rl Date		
			Month Day	Weeks of Study	Date Year	Month	Ye		Month		
		Institution Code				NOT VA	LID AFT	R 🕇			
Primary Telephone Number		matitution code	<u> </u>			•	THIS DA	ΓE			
Timely receptore realises		Program of Study Co	de								
Permanent Address											
Secondary Telephone Number		Email Address of Stud	dent								
Name and Address of Educational Institution											
T. D. Consideral D. Edwards and best time.			(0) by the O	01.4	-1 001 D f 00	N - 41-1:	C	- 414 4	I- 1-		
To Be Completed By Educational Institution - As a student is enrolled (check one) _ full-time or _ p											
institution at the post-secondary level for the period of											
Name of Authorized Officer Title			Telephone Nur	nber			Date Signed Year Month Day				
						 	cai	WOTET	Day		
						C 5	:6		il- 20		
Signature of A	Authorized Officer of the Educational	Institution					ion of enrol this date – of study	VOID after			
Consent and Certification - To Be Completed by St	tudent			I	Loan Summa	ry					
I certify that all the information on this document is correct as of the da Students" overleaf and agree to comply with them.	ate indicated below. I certify that I ha	ave read and I underst	and the "Instruc	tions to			Year	Month	Day		
I authorize my previous lender, if any, the NSLSC, and the Governme credit bureaus or credit reporting agencies all particulars and informa any appropriate authority, or any employer, to release to the lender or need to locate me.	tion relating to my CSLs. I authorize	e any educational inst	itution I have att	ended,	Effective Date of Transaction	of					
I authorize the federal government, appropriate authority, educational disclose data and information related to any of my CSLs and/or CA administration and enforcement of the CSLP.	Ls that I may have for the purposes	s of carrying out their	duties under, a	and the	Amount Brought Fo		CAD		.XX		
If I have entered into any CSL agreements while a minor, I hereby rat amounts of financial assistance previously provided.	tify those agreements. I further ackno	owledge that I am inde	ebted to Canada		Guaranteed Loans		57 (B		.,,,,		
Do you intend to apply for a determination as a person with a permanent disability?	I have read and unders included in this docume		ce Statement		Amount Brought						
Yes No					Forward from previ Risk-Shared Loans		CAD		.XX		
Full Name Address and Telephone Number of the London	Student's Signature Full Name, Address and Teleph		Date (YYYY-MM	1-DD)							
Full Name, Address and Telephone Number of the Lender											
		tudent Loans	6								
	Service Ce P.O. Box 4			1	Fransit Number						
		ga, Ontario L	5A 4M4								

COPY 2 - CSLP





NOTE TO STUDENTS: Present this form to the NSLSC or your previous Lender at the beginning of your school year.

CANADA STUDENT LOANS PROGRAM CONFIRMATION OF ENROLMENT **SCHEDULE 2**

(Version française disponible sur demande)

IMPORTANT NOTICE - READ OVERLEAF								
Province		Social Insurance Number (SIN)						
	2 3							

<u>· </u>		<u>_</u>				l l				
Confirmation of Enrolment - To Be Complet	ed By The Student and Educatior	nal Institution								
Family Name of Stud	lent	Given Names of Student								
Address While at School		Date of	of Birth		Number of	Period of Study Com Date	mencement	Period (of Study En	d Date
		Year	Month	Day	Weeks of Study	Year	Month	Ye	ar	Month
		Institution Code		<u>'</u>		١		ID AFTE		
Primary Telephone Number		Program of Study	Code							
Permanent Address				'		,				
Secondary Telephone Number		Email Address of S	Student							
Name and Address of Educational Institution		1								
To Be Completed By Educational Institutio	n As required (1) by the CCEAA	and CCEAD as	24 (2) k	the C	CI A an	d CCLD for CC	'l o thio	aanfirm	o that t	hio
student is enrolled (check one) [full-time										
institution at the post-secondary level for the p	period of study ending in the mont	h shown above		vonoun,	1110 011	idoni lo rogiote	nou ut t		o nam	
Name of Authorized Officer	Title		Tele	phone Nu	mber			Date S	igned	
								ear	Month	Day
								on of enrolr		
Sign	ature of Authorized Officer of the Educationa	al Institution					days <u>from</u>	this date - ' of study e		the period
Early Withdrawal Notice / Change in Stude	nt Status - To Be Completed by	Designated Ed	ucation	nal Inetit	ution	I oan Summa	rv			
Note To Educational Institution	To be completed by	Designated Ed	dodtioi	iai iiiotit		Loan Guillia	· y	Year	Month	Day
If this student's status changes before the Period of Study Er	d Date indicated above, complete and send	this form to:				Effective Date	of -	TCai	WOTH	Day
National Student Loans Service Centre P.O. Box 4030						Transaction				
Mississauga, Ontario L5A 4M4						Amount Drought Fo				
	Student is now enrolled in		ıll course	load	- 11	Amount Brought For from previous	orward (CAD		.XX
	(40% for permanently disal	oled)				Guaranteed Loans				
First Day of Classes Date	Student is now enrolled in	less than 20% of a fu	ıll-time co	ourse load	t					
(YYYY-MM-DD)	<u>—</u>					Amount Brought Forward from previ	nus (CAD		.XX
	Withdrew from Educational Institution					Risk-Shared Loans		,, (D		., ()
Change in Student Status Date	Early Completion									
(YYYY-MM-DD)										
					-	Fransit Number				
Signature of Authorized Officer of the Educational	Institution Date (YYYY-MM-D	D)								
COPY 3 - EDUCATIONAL COPY 4 - To be given	. A About-out									

INSTITUTION





NOTE TO STUDENTS: Present this form to the NSLSC or your previous Lender at the beginning of your school year.

CANADA STUDENT LOANS PROGRAM CONFIRMATION OF ENROLMENT **SCHEDULE 2**

Province

(Version française disponible sur demande)					24					
Confirmation of Enrolment - To Be Completed By	The Student and Education	al Institution		ļ						
Family Name of Student				Given I	lames of Studen	 :				
Address While at School		Date of f	Ni-ste	I	her of Period of Study Commencement Period of Study End I					
Address Wille at School		Date of E	Month Day	Number of Weeks of Study	Date		Ye	of Study En	Month	
		Institution Code	!		1	NOT VA	LID AFTE	R 🕇		
Primary Telephone Number		matitution dodd					THIS DA	ΓE		
Timaly receptore remote		Program of Study C	ode							
Permanent Address										
Secondary Telephone Number		Email Address of Stu	ident							
Name and Address of Educational Institution										
To Be Completed By Educational Institution - A										
student is enrolled (v check one) full-time or institution at the post-secondary level for the period			on overleaf.)	The st	udent is regist	ered at	the abov	/e-nam	ed	
Name of Authorized Officer Tit			Telephone Nu	mber	er Date Signo			Signed	ned	
						,	/ear	Month	Day	
Signature o	f Authorized Officer of the Educational	I Institution					ntion of enrol m this date –	VOID after		
· · · · · · · · · · · · · · · · · · ·					of study end date.					
Consent and Certification - To Be Completed by					Loan Summa	ary			_	
I certify that all the information on this document is correct as of the Students" overleaf and agree to comply with them. I authorize my previous lender, if any, the NSLSC, and the Govern	·				Effective Date	of	Year	Month	Day	
credit bureaus or credit reporting agencies all particulars and informany appropriate authority, or any employer, to release to the lender	nation relating to my CSLs. I authorize	ze any educational ins	titution I have at	tended,	Transaction	-				
need to locate me. I authorize the federal government, appropriate authority, educatio	nal institution, the NSLSC, the CALSC	C, and any previous le	nder to collect, u	ise and						
disclose data and information related to any of my CSLs and/or of administration and enforcement of the CSLP.		, ,			Amount Brought F from previous	orward	CAD		.XX	
If I have entered into any CSL agreements while a minor, I hereby amounts of financial assistance previously provided.	atify those agreements. I further ackn	nowledge that I am ind	ebted to Canada	for the	Guaranteed Loan	5				
Do you intend to apply for a determination as a person with a permanent disability?	I have read and under included in this docum	,	ce Statement							
Yes No				Amount Brought Forward from prev Risk-Shared Loar		CAD		.XX		
	Student's Signature		Date (YYYY-MM	И-DD)	Nisk-Gilaieu Loai	5				
Full Name, Address And Telephone Number Of The Lender	Full Name, Address and Telep	hone Number of the N	ISLSC							
		tudent Loan	s							
	Service Ce				Transit Number					
	P.O. Box 4 Mississau	เ บ 30 ga, Ontario I	5A 4M4							

COPY 4 - STUDENT



ABBREVIATIONS: CSFAA Canada Student Financial Assistance Act

CSFAR Canada Student Financial Assistance Regulations

CSLA Canada Student Loans Act

NSLSC National Student Loans Service Centre

CSL Canada Student Loan

CSLP Canada Student Loans Program
CSLR Canada Student Loans Regulations

CAL Canada Apprentice Loan

CALSC Canada Apprentice LoanService Centre

In this schedule, educational institution means:

(i) in respect of your previous CSLs, a "specified educational institution" as defined by the CSLA

Important Notice

- All student loans negotiated on or after August 1, 2000 (Direct Loans) are administered by the NSLSC.
- All student loans negotiated prior to August 1, 2000 (Guaranteed or Risk-Shared Loans) are administered by the lending institution.
- If you have Direct Loans and Guaranteed or Risk-Shared loans, you should contact NSLSC first, concerning Confirmation of Enrolment.
- If you have loans negotiated prior to August 1, 2000, it is your responsibility to provide your lender with a valid Confirmation of Enrolment, in order to maintain your previous loans in interest-free or in-study payment deferred status. Failure to do so will result in the loss of your interest-free or in-study payment deferred status and you may be required to pay your previous lender any interest owing. Copy 22A of this document can be used for this purpose as long as it is provided to the lender holding the previous loan, within 30 days of the confirmation date indicated on the schedule.

Instructions to Students

Step 1: Confirm Your Enrolment

Have the Educational Institution you plan to attend confirm your enrolment by completing and signing the Confirmation of Enrolment form.

Step 2: Sign and Date your Confirmation of Enrolment Form

It is important that you read and understand the Consent and Certification and the terms and conditions of this form. You must provide your agreement/consent by signing the Consent and Certification section of this form.

Step 3: Mail your document to the NSLSC

Mail your completed Confirmation of Enrolment document directly to:

National Student Loans Service Centre P.O. Box 4030 Mississauga, Ontario L5A 4M4

Withdrawing early from your Studies?

If you withdraw from studies early, your "Period of Study End Date" shown on this Confirmation of Enrolment will be adjusted to the month of withdrawal and your interest-free or instudy payment deferred status will end on the last day of the month in which you withdraw. Contact the NSLSC and your lender immediately.

Keep your student loans up-to-date

You must provide the NSLSC and any previous lender with a valid Confirmation of Enrolment to continue interest-free or in-study payment deferred status on full-time loans or part-time loans in the following situations: (1) you have not applied for a new loan and/or grant; (2) you have applied but have been refused for a new loan and/or grant; or (3) you have applied but have not yet received a new loan and/or grant and the academic year has already begun. Failure to do so as required by the CSFAR and CSLR will result in the loss of your interest-free status and you may be required to pay interest owing or to pay principal and interest payments while in-study.

Ensure you retain Copy 4 of your Confirmation of Enrolment for your files.

Remember, if you have a full-time and/or part-time loan and decide to attend school part-time, you will be required to make payments on your full-time loan(s); however, payments on your part-time loan(s) will be deferred until six months after studies have been completed and no interest will accrue during your in-study period.

If you only received a full-time loan(s), you will be required to start making payments six months after your last confirmed period of studies end date.

PRIVACY NOTICE STATEMENT

Your personal information is collected under the authority of the CSFAA, the CSLA, and is subject to provisions of the Federal *Privacy Act* for the purpose of administering the Canada Student Loans Program (CSLP).

The Social Insurance Number (SIN) is collected by the Minister of Employment and Social Development under the express authority of the CSFAA and in accordance with the Treasury Board Secretariat Directive on Social Insurance Number. The SIN will be used for the administration of the CSLP under the CSFAA. The SIN will be used as a file identifier and, along with the other information you provide, will also be used to validate your application, and to administer and enforce the CSLP.

Completion of this agreement is voluntary; however, failure to provide your personal information will result in not being considered for a Canada Student Loan.

For the purpose of the administration and/or enforcement of the CSFAA or the CSLA, the information collected on this form will be shared with provincial governments, financial institutions and the NSLSC. It could also be shared with other federal government institutions, and any previous lender.

The information you provide may be used and/or disclosed for policy analysis, research and/or evaluation purposes. The information you provide may be disclosed to Statistics Canada for statistical and research purposes. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you.

Your personal Information is administered in accordance with the CSFAA, the CSLA, and the *Privacy Act*. You have the right to, the protection of, and access to, your personal information. It will be retained in Personal Information Bank ESDC PPU 030. Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following web site address: www.canada.ca/infosource-ESDC. Info Source may also be accessed on-line at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of your personal information at: www.priv.gc.ca/en/report-a-concern/.