



NWT Student Financial Assistance

FORM D - STUDENT ENROLLMENT FORM

TO BE COMPLETED BY STUDENT

COMPLETE THIS FORM UP TO ONE CALENDAR MONTH PRIOR TO THE START OF EACH SEMESTER

First and Last Name		
Date of Birth- YY/MM/DD	Social Insurance Number	Student ID Number
Telephone	Cell	Email Address
<p>I declare that my personal and financial information under which I became eligible for NWT Student Financial Assistance (SFA) has not changed as of the date of this enrollment. Further, I understand that it is my responsibility to ensure this Student Enrollment Form is completed correctly and submitted to the SFA Office.</p>		
<p><u> X </u> Signature</p>	<p>_____ Date- YY/MM/DD</p>	<p>_____ SFA PID</p>

TO BE COMPLETED BY EDUCATIONAL INSTITUTION

This enrollment form is used to confirm a student's eligibility and CANNOT be signed by the institution MORE THAN ONE CALENDAR MONTH before THIS semester start date. RETURN BY FAX TO 1-800-661-0893 / 867-873-0336

Name of Institution	Name of Program		
<p>Of a 100% full course load, this student will be enrolled part-time/full-time in: <input type="radio"/> 1%- 39% <input type="radio"/> 40%- 59% <input type="radio"/> 60%- 100% of a semester and is registered in the <input type="radio"/> Fall <input type="radio"/> Winter <input type="radio"/> Spring <input type="radio"/> Summer semester, in a <input type="radio"/> Postsecondary Program <input type="radio"/> Distance Learning <input type="radio"/> Upgrading Program working towards a <input type="radio"/> License <input type="radio"/> Certificate <input type="radio"/> Diploma <input type="radio"/> Degree <input type="radio"/> Masters <input type="radio"/> Doctorate in year _____ of a _____ year program. The length of this current semester consists of a total of _____ weeks.</p>			
<p>The above student is enrolled in (number of/check one): _____ <input type="radio"/> Units <input type="radio"/> Credits <input type="radio"/> Hours <input type="radio"/> Courses of a possible _____ <input type="radio"/> Units <input type="radio"/> Credits <input type="radio"/> Hours <input type="radio"/> Courses for this semester.</p>			
Semester Start Date- YY/MM/DD / /	Semester End Date- YY/MM/DD / /	Tuition \$	Books \$
<p><u> X </u> Signature of School Official</p> <p>_____ Date- YY/MM/DD</p>		Other Fees- explanation required:	
		Title of School Official	
		Telephone	Fax
		Email Address	

FOR SFA USE ONLY

This information is being collected under the authority of the *Access to Information and Protection of Privacy (ATIPP) Act*, Section 41.(1)(g) and the *Northwest Territories Student Financial Assistance (SFA) Act* and Regulations. The information will be used to determine my initial and continued eligibility for SFA and for the general administration and enforcement of this program. The privacy provisions of the *ATIPP Act* protect my information, and all applicants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of information, contact the SFA Manager, Department of Education, Culture and Employment, Box 1320, Yellowknife, NT X1A 2L9, or call 1-800-661-0793 or 1-867-767-9355.