



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	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. I understand and agree that if I withdraw from a course or from my program of studies, I must notify the SFA office within 30 days. Further, I understand that it is my responsibility to ensure this Student Enrollment Form is completed correctly and submitted to the SFA Office.</p>		
<input checked="" type="checkbox"/> Signature	Date - YY/MM/DD	SFA PID

## 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 EMAIL TO [nwtsfa@gov.nt.ca](mailto:nwtsfa@gov.nt.ca).**

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