

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

CANADA STUDENT FINANCIAL ASSISTANCE PROGRAM
CONFIRMATION OF ENROLMENT
SCHEDULE 2

(Version française disponible sur demande)

IMPORTANT NOTICE - READ OVERLEAF

Province / Territory	0	Social Insurance Number (SIN)
	∠ ₁	

Confirmation of	Forolment -	To Be Completed By	/ The Student and	d Educational Institution

Family Name of Student			Given Names of Student							
Address While at School		Date of Birth Number of Weeks of			Number of Weeks of	Period of Study Commenceme Date		ment Period of Study End Dat		Ind Date
		Year (YYYY)	Month (N	IM) Day (DD)	Study	Year (YYYY	() Month (I	MM) Year	(YYYY)	Month (MM)
			<u> </u>				NOT V		rer	
		Institution Cod	e					THIS DA	ATE	
Primary Telephone Number		Program of Study Code								
Permanent Address										
Secondary Telephone Number Email Address of Student										
Name and Address of Educational Institution		1								
To Be Completed By Educational Institution	- As required (1) by the CSFA	A and CSFA	R and	(2) by the	CSLA a	and CSLR	for CSLs	, this cor	nfirms th	at this
student is enrolled (select one) \bigcirc full-time or institution at the post-secondary level for the peri	part-time (Refer to Instru	ctions to Stu	dents c							
Name of Authorized Officer	Title		Т	Felephone Nu	ımber				te Signed	
							Y0	ear (YYYY)	Month (MM	l) Day (DD)
							Con	firmation of	enrolment va	alid for only
Signature of Authorized Officer of the Educational Institution 30 days from this date – period of study end										
Consent and Certification - To Be Completed E	By The Student					Loan Sur	nmary			
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 Gowe credit bureaus or credit reporting agencies all particulars and infany appropriate authority, or any employer, to release to the lend need to locate me.	ernment of Canada to disclose to and o formation relating to my CSLs. I author	btain from any of ize any education	her consi nal institu	umer credit g tion I have at	rantors, tended,	Effective Transa		Year (YYYY)	Month (MM)	Day (DD)
I authorize the federal government, appropriate authority, educa disclose data and information related to any of my CSLs and/c administration and enforcement of the CSFA Program. If I have entered into any CSL agreements while a minor, I here amounts of financial assistance previously provided.	or CALs that I may have for the purpose by ratify those agreements. I further ack	ses of carrying o	ut their d	uties under, a	and the	Amount Brou from previous Guaranteed L	5	CAD	1	.xx
Do you intend to apply for a determination as a person with a permanent disability, or a persistent or prolonged disability?						Amount Brou Forward from		CAD		.XX
Yes No Student's Signature Date (YYYY-MM-DD)										
Full Name, Address and Telephone Number of the Lender	Mailing Address of the NSLS	с			,					
	National Stu Service Cen P.O. Box 40 Mississauga	ntre 30	-	4 M 4		Transit Num	ber			

COPY 4 - To be given to student

COPY 3 - To be retained by the Educational Institution (and if there is an Early Withdrawal or change in student status, it will be completed and returned to the NSLSC) COPY 2 - To be sent to CSFA Program by Lender, for Full-Time Guaranteed/Risk-Shared Loans

COPY 22A - To be given to student by NSLSC to provide previous Lender With Confirmation of Enrolment COPY 1 - To be retained by the NSLSC or Lender





Emploi et Développement social Canada

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

CANADA STUDENT FINANCIAL ASSISTA	RAM	Lender at the beginning of your school year.									
CONFIRMATION OF ENROLMENT SCHEDULE 2		Prov	vince / Territory		22 _		Social Insurance Number (SIN)				
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(Version française disponible sur demande)						A					
Confirmation of Enrolment - To Be Compl	eted By The	e Student and Educational In	stitution								
Family Name of St	udent				Given N	Names of Stu	dent				
Address While at School		Date of B	irth	Number of	Period of Stud	y Commen Date	rcement Per	iod of Study E	nd Date		
		Ye	ar (YYYY) Mont	h (MM) Day (DD)	Weeks of Study	Year (YYYY) Mont	th (MM) Yea	· (YYYY)	Nonth (MM)	
					<u> </u>						
			Institution Code NOT VALID AFTER THIS DATE								
Primary Telephone Number											
		Prog	gram of Study Co	ode							
Permanent Address											
Secondary Telephone Number		l e	il Address of Stu	dont							
Secondary Telephone Number		Ema	II Address of Stu	ueni							
Name and Address of Educational Institution											
To Be Completed By Educational Institut											
student is enrolled (select one) \bigcirc full-time institution at the post-secondary level for the				s on overlea	f.) The	student is	registe	ered at the	above-na	amed	
Name of Authorized Officer	Title										
								Year (YYYY)	Month (MM)	Day (DD)	
	Completion of Authorized Officer of the Education of a first						Confirmation of enrolment valid for only 30 days from this date – VOID after the period of study end date.			after the	
									ne.		
Consent and Certification - To Be Comple	,			and the Marsterie		Loan Sun	nmary				
I certify that all the information on this document is correct Students" overleaf and agree to comply with them.						Effective I	Date of	Year (YYYY)	Month (MM)	Day (DD)	
I authorize my previous lender, if any, the NSLSC, and th credit bureaus or credit reporting agencies all particulars any appropriate authority, or any employer, to release to the	and information	relating to my CSLs. I authorize any	educational inst	itution I have at	ended,	Transa					
need to locate me. I authorize the federal government, appropriate authority,		-									
disclose data and information related to any of my CSLs administration and enforcement of the CSFA Program.						Amount Broug		ard CAD		.xx	
If I have entered into any CSL agreements while a minor, amounts of financial assistance previously provided.	hose agreements. I further acknowled	ge that I am inde	ebted to Canada	a for the Guaranteed Loans							
Do you intend to apply for a determination as a person with a permanent disability, or a persistent or	I have read an included in this	d understood the Privacy Notice State	ment		-						
prolonged disability?	Amount Brought Forward from previous CAD .						.XX				
Yes No		Student's Signature		Date (YYYY-M		Risk-Shared I	_oans				
Full Name, Address and Telephone Number of the Lender		Mailing Address of the NSLSC									
		National Studen	t Loans								
Service Cen						Transit Numb	ber				
	P.O. Box 4030										
		Mississauga, Or	ntario L5A	A 4M4							
	be given to stude				L						
		he Educational Institution (and if there Program by Lender, for Full-Time Gu			in studer	nt status, it will	be comp	pleted and retu	urned to the	NSLSC)	

COPY 22A - To be given to student by NSLSC to provide previous Lender With Confirmation of Enrolment

COPY 1 - To be retained by the NSLSC or Lender



itution Date of E (YYYY) Mon tion Code am of Study Co	Sirth Number of the first of th	of Date	Social Ir	ent Peric	od of Study I (YYYY) ER	End Date	
itution Date of E (YYYY) Mon tion Code am of Study Co	Given	n Names of Stude	nt pommencem a Month (M	ent Peric VI) Year I	od of Study I (YYYY) ER	End Date	
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tion Code		Year (YYYY)			ER	Month (MM	
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Address of Stu							
Address of Stu							
Email Address of Student							
to Student			gisterec	at the a	above-n	amed	
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on				ys from this	date – VO	ID after the	
		Loan Summ	nary				
n any other co ducational ins	onsumer credit grantors, titution I have attended,	Effective Dat Transactio		Year (YYYY)			
rrying out thei	r duties under, and the	Amount Brought from previous		CAD		.XX	
ent				CAD		.XX	
	Date (XXXX-MM-DD)			0/12			
	A 4M4	Transit Number					
	to Student wn above.	to Students on overleaf.) The wn above. Telephone Number ion d and I understand the "Instructions to m any other consumer credit grantors, iducational institution I have attended, r its agents, whatever information they ny previous lender to collect, use and trying out their duties under, and the e that I am indebted to Canada for the ent Date (YYYY-MM-DD) Loans tario L5A 4M4	to Students on overleaf.) The student is reaven above. Telephone Number Telephone Number Loan Summ d and I understand the "Instructions to m any other consumer credit grantors, ducational institution I have attended, r its agents, whatever information they ny previous lender to collect, use and rrying out their duties under, and the e that I am indebted to Canada for the ent Date (YYYY-MM-DD) Loans Transit Number tario L5A 4M4	to Students on overleaf.) The student is registered wn above. Telephone Number Year Telephone Number Year Confir 30 da Confi	to Students on overleaf.) The student is registered at the a wn above. Telephone Number Date Year (YYYY) Confirmation of elegator of state of the state	Telephone Number Date Signed Year (YYYY) Month (MM Year (YYYY) Month (MM Confirmation of enrolment version dependence of study end dependence of study end dependence of study end dependence of the s	

COPY 2 - To be sent to CSFA Program by Lender, for Full-Time Guaranteed/Risk-Shared Loans COPY 22A - To be given to student by NSLSC to provide previous Lender With Confirmation of Enrolment



COPY 1 - To be retained by the NSLSC or Lender



Social Insurance Number (SIN)

Month (MM)

NOT VALID AFTER

THIS DATE

Period of Study End Date

Month (MM)

Year (YYYY)

Date Signed Month (MM)

Confirmation of enrolment valid for only 30 days from this date - VOID after the period of study end date.

Month

(MM)

Year

(YYYY)

CAD

CAD

Year (YYYY)

Day (DD)

Day (DD)

.XX

.XX

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

Employment and Emploi et Social Development Canada Développement social Canada CANADA STUDENT FINANCIAL ASSISTANCE PROGRAM **IMPORTANT NOTICE - READ OVERLEAF** CONFIRMATION OF ENROLMENT **SCHEDULE 2** Province / Territory **Z**3 (Version française disponible sur demande) Confirmation of Enrolment - To Be Completed By The Student and Educational Institution Family Name of Student **Given Names of Student** Period of Study Commencement Date of Birth Address While at Schoo Number o Weeks of Study Year (YYYY) Month (MM) Day (DD) Year (YYYY) Institution Code Primary Telephone Number Program of Study Code Permanent Address Secondary Telephone Number Email Address of Student Name and Address of Educational Institution To Be Completed By Educational Institution - As required (1) by the CSFAA and CSFAR and (2) by the CSLA and CSLR for CSLs, this confirms that this student is enrolled (select one) 🔿 full-time or 🔿 part-time (Refer to Instructions to Students on overleaf.) The student is registered at the above-named institution at the post-secondary level for the period of study ending in the month shown above. Name of Authorized Officer Title Telephone Number Signature of Authorized Officer of the Educational Institution Early Withdrawal Notice / Change in Student Status - To Be Completed by Designated Educational Institution Loan Summarv **Note To Educational Institution** Effective Date of If this student's status changes before the Period of Study End Date indicated above, complete and send this form to: Transaction National Student Loans Service Centre P.O. Box 4030 Amount Brought Forward Mississauga, Ontario L5A 4M4 Student is now enrolled in less than 60% of a full course load from previous Guaranteed Loans (less than 40% for borrowers with a permanent disability, or a persistent or prolonged disability) First Day of Classes Date Student is now enrolled in less than 20% of a full-time course load Amount Brought (YYYY-MM-DD) Forward from previous Risk-Shared Loans Withdrew from Educational Institution Change in Student Status Date Early Completion (YYYY-MM-DD) Transit Number Signature of Authorized Officer of the Educational Institution Date (YYYY-MM-DD)

COPY 3 - EDUCATIONAL INSTITUTION

COPY 4 - To be given to student COPY 3 - To be retained by the Educational Institution (and if there is an Early Withdrawal or change in student status, it will be completed and returned to the NSLSC) COPY 2 - To be sent to CSFA Program by Lender, for Full-Time Guaranteed/Risk-Shared Loans

COPY 22A - To be given to student by NSLSC to provide previous Lender With Confirmation of Enrolment COPY 1 - To be retained by the NSLSC or Lender





NOTE TO STUDENTS: Present this form to the NSLSC or your previous

CANADA CTUDENT FINANCIAL ACCISTANCE DEC		Lender at the beginning of your school year.								
CANADA STUDENT FINANCIAL ASSISTANCE PRO CONFIRMATION OF ENROLMENT	JGRAM		IMPORTAN	NT NOTICE - READ OVERLEAF						
SCHEDULE 2		Provi	nce / Territory	24	Socia	I Insurance N	Number (SII	N)		
(Version française disponible sur demande)				4						
Confirmation of Enrolment - To Be Completed By T	he Student and Educational Insti	tution								
Family Name of Student			Giver	Names of Stu	Ident					
Address While at School		Date of Birt	h Number	Period of Stud	dy Commenc	ement Per	iod of Study E	nd Date		
	Year	(YYYY) Month	Weeks	f Year (YYY)				Month (MM)		
				—						
	Institut	ion Code			NOT V	ALID AFTE				
Primary Telephone Number				1		I HIS DA				
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Secondary Telephone Number	Email A	ddress of Stude	ent							
Name and Address of Educational Institution										
To Be Completed By Educational Institution - As re										
student is enrolled (select one) \bigcirc full-time or \bigcirc p institution at the post-secondary level for the period of			on overleaf.) The	student is r	egistere	d at the a	bove-na	med		
Name of Authorized Officer Title						Date Signed				
					Y	rear (YYYY)	Month (MM)	Day (DD)		
			nfirmation of e days from thi	s date – VOII	D after the					
Signature of Authorized Officer of the Educational Institution period of study end date							ate.			
Consent and Certification - To Be Completed By Th				Loan Sun	nmary					
I certify that all the information on this document is correct as of the dat Students" overleaf and agree to comply with them.				Effective	Date of	Year (YYYY)	Month (MM)	Day (DD)		
I authorize my previous lender, if any, the NSLSC, and the Governmen credit bureaus or credit reporting agencies all particulars and informati any appropriate authority or any applevent to release to the lender of t	on relating to my CSLs. I authorize any ed	ducational instit	ution I have attended,	Transa						
any appropriate authority, or any employer, to release to the lender or the NSLSC or to the federal government or its agents, whatever information they need to locate me. I authorize the federal government, appropriate authority, educational institution, the NSLSC, the CALSC, and any previous lender to collect, use and										
disclose data and information related to any of my CSLs and/or CALs that I may have for the purposes of carrying out their duties under, and the administration and enforcement of the CSFA Program.						.xx				
If I have entered into any CSL agreements while a minor, I hereby ratify those agreements. I further acknowledge that I am indebted to Canada for the amounts of financial assistance previously provided.						.77				
	and understood the Privacy Notice Stateme	ent								
person with a permanent disability, or a persistent or prolonged disability? Amount Brn Forward fro						CAD		.xx		
Yes ○ No No	Student's Signature		Date (YYYY-MM-DD)	Risk-Shared I	Loans					
Full Name, Address and Telephone Number of the Lender	Mailing Address of the NSLSC					1				
	National Student	Loans								
	Service Centre			Transit Numl	ber					
	P.O. Box 4030									
Mississauga, Ontario L5A 4M4										
COPY 4 - STUDENT COPY 4 - To be given to st				l						
COPY 3 - To be retained by	y the Educational Institution (and if there is	an Early Withdra	awal or change in stud	ent status, it wil	II be comple	eted and retu	irned to the	NSLSC)		

COPY 2 - To be sent to CSFA Program by Lender, for Full-Time Guaranteed/Risk-Shared Loans COPY 22A - To be given to student by NSLSC to provide previous Lender With Confirmation of Enrolment COPY 1 - To be retained by the NSLSC or Lender

/IATIONS:	CSFAA	Canada Student Financial Assistance Act
	CSFAR	Canada Student Financial Assistance Regulations
	CSLA	Canada Student Loans Act
	NSLSC	National Student Loans Service Centre

CSL CSFA Program CSLR CAL CALSC Canada Student Loan Canada Student Financial Assistance Program *Canada Student Loans Regulations* Canada Apprentice Loan Canada Apprentice Loan Service Centre

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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.
- I If you have Direct Loans and Guaranteed or Risk-Shared loans, you should contact NSLSC first, concerning Confirmation of Enrolment.
- I 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

ABBREV

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 section 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 and/or Lender

Mail your completed Confirmation of Enrolment document directly to:

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

Please be sure to submit your Confirmation of Enrolment form before the end of your Period of Study.

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 and during the six months following the month you cease to be a student

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 Financial Assistance Program (CSFA Program).

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 CSFA Program 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 CSFA Program.

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/.