



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**

IMPORTANT NOTICE - READ OVERLEAF

(Version française disponible sur demande)

Province / Territory	2₁	Social Insurance Number (SIN)
----------------------	----------------------	-------------------------------

Confirmation of Enrolment - To Be Completed By The Student and Educational Institution

Family Name of Student		Given Names of Student						
Address While at School		Date of Birth		Number of Weeks of Study	Period of Study Commencement Date		Period of Study End Date	
		Year (YYYY)	Month (MM)		Day (DD)	Year (YYYY)	Month (MM)	Year (YYYY)
		Primary Telephone Number		Institution Code		NOT VALID AFTER THIS DATE		
Permanent Address		Program of Study Code						
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) <input type="radio"/> full-time or <input type="radio"/> 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		Date Signed		
						Year (YYYY) Month (MM) Day (DD)		
		Signature of Authorized Officer of the Educational Institution				Confirmation of enrolment valid for only 30 days from this date – VOID after the period of study end date.		

Consent and Certification - To Be Completed By The Student

Loan Summary

I certify that all the information on this document is correct as of the date indicated below. I certify that I have read and I understand the "Instructions to Students" overleaf and agree to comply with them. I authorize my previous lender, if any, the NSLSC, and the Government of Canada to disclose to and obtain from any other consumer credit grantors, credit bureaus or credit reporting agencies all particulars and information relating to my CSLs. I authorize any educational institution I have attended, 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. 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.		Effective Date of Transaction	Year (YYYY)	Month (MM)	Day (DD)
Do you intend to apply for a determination as a person with a permanent disability, or a persistent or prolonged disability? <input type="radio"/> Yes <input type="radio"/> No		Amount Brought Forward from previous Guaranteed Loans	CAD	.XX	
I have read and understood the Privacy Notice Statement included in this document.		Amount Brought Forward from previous Risk-Shared Loans	CAD	.XX	
Student's Signature		Date (YYYY-MM-DD)			
Full Name, Address and Telephone Number of the Lender		Mailing Address of the NSLSC			
		National Student Loans Service Centre P.O. Box 4030 Mississauga, Ontario L5A 4M4			
		Transit Number			

COPY 1 - NSLSC OR LENDER

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 Lender at the beginning of your school year.

**CANADA STUDENT FINANCIAL ASSISTANCE PROGRAM
CONFIRMATION OF ENROLMENT
SCHEDULE 2**

IMPORTANT NOTICE - READ OVERLEAF

(Version française disponible sur demande)

Province / Territory	22 A	Social Insurance Number (SIN)
----------------------	-----------------	-------------------------------

Confirmation of Enrolment - To Be Completed By The Student and Educational Institution

Family Name of Student		Given Names of Student						
Address While at School		Date of Birth		Number of Weeks of Study	Period of Study Commencement Date		Period of Study End Date	
		Year (YYYY)	Month (MM)		Day (DD)	Year (YYYY)	Month (MM)	Year (YYYY)
Primary Telephone Number		Institution Code		NOT VALID AFTER THIS DATE				
Permanent Address		Program of Study Code						
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) <input type="radio"/> full-time or <input type="radio"/> 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		Date Signed		
						Year (YYYY) Month (MM) Day (DD)		
Signature of Authorized Officer of the Educational Institution				Confirmation of enrolment valid for only 30 days from this date - VOID after the period of study end date.				

Consent and Certification - To Be Completed By The Student

Loan Summary

I certify that all the information on this document is correct as of the date indicated below. I certify that I have read and I understand the "Instructions to Students" overleaf and agree to comply with them. I authorize my previous lender, if any, the NSLSC, and the Government of Canada to disclose to and obtain from any other consumer credit grantors, credit bureaus or credit reporting agencies all particulars and information relating to my CSLs. I authorize any educational institution I have attended, 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.		Effective Date of Transaction	Year (YYYY)	Month (MM)	Day (DD)
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. 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.		Amount Brought Forward from previous Guaranteed Loans	CAD	.XX	
Do you intend to apply for a determination as a person with a permanent disability, or a persistent or prolonged disability? <input type="radio"/> Yes <input type="radio"/> No		Amount Brought Forward from previous Risk-Shared Loans	CAD	.XX	
I have read and understood the Privacy Notice Statement included in this document.		Student's Signature			
		Date (YYYY-MM-DD)			
Full Name, Address and Telephone Number of the Lender		Mailing Address of the NSLSC		Transit Number	
		National Student Loans Service Centre P.O. Box 4030 Mississauga, Ontario L5A 4M4			

COPY 22A - STUDENT

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 Lender at the beginning of your school year.

**CANADA STUDENT FINANCIAL ASSISTANCE PROGRAM
CONFIRMATION OF ENROLMENT
SCHEDULE 2**

IMPORTANT NOTICE - READ OVERLEAF

(Version française disponible sur demande)

Province / Territory	2₂	Social Insurance Number (SIN)
----------------------	----------------------	-------------------------------

Confirmation of Enrolment - To Be Completed By The Student and Educational Institution

Family Name of Student	Given Names of Student
------------------------	------------------------

Address While at School	Date of Birth	Number of Weeks of Study	Period of Study Commencement Date	Period of Study End Date
	Year (YYYY) Month (MM) Day (DD)		Year (YYYY) Month (MM)	Year (YYYY) Month (MM)

Primary Telephone Number	Institution Code	NOT VALID AFTER THIS DATE
Permanent Address	Program of Study Code	

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	Date Signed		
<div>Signature of Authorized Officer of the Educational Institution</div>			Year (YYYY)	Month (MM)	Day (DD)
			Confirmation of enrolment valid for only 30 days from this date – VOID after the period of study end date.		

Consent and Certification - To Be Completed By The Student

Loan Summary

I certify that all the information on this document is correct as of the date indicated below. I certify that I have read and I understand the "Instructions to Students" overleaf and agree to comply with them. I authorize my previous lender, if any, the NSLSC, and the Government of Canada to disclose to and obtain from any other consumer credit grantors, credit bureaus or credit reporting agencies all particulars and information relating to my CSLs. I authorize any educational institution I have attended, 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. 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.		Effective Date of Transaction	Year (YYYY)	Month (MM)	Day (DD)
Do you intend to apply for a determination as a person with a permanent disability, or a persistent or prolonged disability? <input type="radio"/> Yes <input type="radio"/> No		Amount Brought Forward from previous Guaranteed Loans	CAD	.XX	
I have read and understood the Privacy Notice Statement included in this document.		Amount Brought Forward from previous Risk-Shared Loans	CAD	.XX	
Student's Signature		Date (YYYY-MM-DD)			
Full Name, Address and Telephone Number of the Lender	Mailing Address of the NSLSC	Transit Number			

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

COPY 2 - CSFA Program

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 Lender at the beginning of your school year.

**CANADA STUDENT FINANCIAL ASSISTANCE PROGRAM
CONFIRMATION OF ENROLMENT
SCHEDULE 2**

IMPORTANT NOTICE - READ OVERLEAF

(Version française disponible sur demande)

Province / Territory	23	Social Insurance Number (SIN)
----------------------	-----------	-------------------------------

Confirmation of Enrolment - To Be Completed By The Student and Educational Institution

Family Name of Student		Given Names of Student						
Address While at School		Date of Birth		Number of Weeks of Study	Period of Study Commencement Date		Period of Study End Date	
		Year (YYYY)	Month (MM)		Day (DD)	Year (YYYY)	Month (MM)	Year (YYYY)
Primary Telephone Number		Institution Code		NOT VALID AFTER THIS DATE				
Permanent Address		Program of Study Code						
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) <input type="radio"/> full-time or <input type="radio"/> 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		Date Signed		
						Year (YYYY) Month (MM) Day (DD)		
Signature of Authorized Officer of the Educational Institution						Confirmation of enrolment valid for only 30 days from this date - VOID after the period of study end date.		

Early Withdrawal Notice / Change in Student Status - To Be Completed by Designated Educational Institution

Loan Summary

Note To Educational Institution		Effective Date of Transaction		Year (YYYY)	Month (MM)	Day (DD)
If this student's status changes before the Period of Study End Date indicated above, complete and send this form to:		Amount Brought Forward from previous Guaranteed Loans		CAD	.XX	
National Student Loans Service Centre P.O. Box 4030 Mississauga, Ontario L5A 4M4		Amount Brought Forward from previous Risk-Shared Loans		CAD	.XX	
First Day of Classes Date (YYYY-MM-DD)		<input type="radio"/> Student is now enrolled in less than 60% of a full course load (less than 40% for borrowers with a permanent disability, or a persistent or prolonged disability) <input type="radio"/> Student is now enrolled in less than 20% of a full-time course load <input type="radio"/> Withdrew from Educational Institution <input type="radio"/> Early Completion				
Change in Student Status Date (YYYY-MM-DD)						
Signature of Authorized Officer of the Educational Institution						
Date (YYYY-MM-DD)						
		Transit Number				

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 Lender at the beginning of your school year.

**CANADA STUDENT FINANCIAL ASSISTANCE PROGRAM
CONFIRMATION OF ENROLMENT
SCHEDULE 2**

IMPORTANT NOTICE - READ OVERLEAF

(Version française disponible sur demande)

Province / Territory	24	Social Insurance Number (SIN)
----------------------	-----------	-------------------------------

Confirmation of Enrolment - To Be Completed By The Student and Educational Institution

Family Name of Student		Given Names of Student							
Address While at School		Date of Birth			Number of Weeks of Study	Period of Study Commencement Date		Period of Study End Date	
		Year (YYYY)	Month (MM)	Day (DD)		Year (YYYY)	Month (MM)	Year (YYYY)	Month (MM)
Primary Telephone Number		Institution Code			NOT VALID AFTER THIS DATE				
		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) <input type="radio"/> full-time or <input type="radio"/> 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		Date Signed		
							Year (YYYY) Month (MM) Day (DD)		
Signature of Authorized Officer of the Educational Institution						Confirmation of enrolment valid for only 30 days from this date - VOID after the period of study end date.			

Consent and Certification - To Be Completed By The Student

Loan Summary

<p>I certify that all the information on this document is correct as of the date indicated below. I certify that I have read and I understand the "Instructions to Students" overleaf and agree to comply with them.</p> <p>I authorize my previous lender, if any, the NSLSC, and the Government of Canada to disclose to and obtain from any other consumer credit grantors, credit bureaus or credit reporting agencies all particulars and information relating to my CSLs. I authorize any educational institution I have attended, 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.</p> <p>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.</p> <p>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.</p> <p>Do you intend to apply for a determination as a person with a permanent disability, or a persistent or prolonged disability?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>I have read and understood the Privacy Notice Statement included in this document.</p> <p>_____ Student's Signature</p> <p>_____ Date (YYYY-MM-DD)</p>		Effective Date of Transaction	Year (YYYY)	Month (MM)	Day (DD)	
		Amount Brought Forward from previous Guaranteed Loans	CAD	.XX		
		Amount Brought Forward from previous Risk-Shared Loans	CAD	.XX		
		Transit Number				
Full Name, Address and Telephone Number of the Lender		Mailing Address of the NSLSC				
		National Student Loans Service Centre P.O. Box 4030 Mississauga, Ontario L5A 4M4				

COPY 4 - STUDENT

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

ABBREVIATIONS:	CSFAA	Canada Student Financial Assistance Act	CSL	Canada Student Loan
	CSFAR	Canada Student Financial Assistance Regulations	CSFA Program	Canada Student Financial Assistance Program
	CSLA	Canada Student Loans Act	CSLR	Canada Student Loans Regulations
	NSLSC	National Student Loans Service Centre	CAL	Canada Apprentice Loan
			CALSC	Canada Apprentice Loan Service 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

- I All student loans negotiated on or after August 1, 2000 (Direct Loans) are administered by the NSLSC.
- I 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

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 in-study 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/.