



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

IMPORTANT NOTICE - READ OVERLEAF

Province	21	Social Insurance Number (SIN)

(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							
Address While at School				Date of Birth		Number of Weeks of Study	Period of Study Commencement Date		Period of Study End Date		
				Year	Month		Day	Year	Month	Year	Month
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 (✓ check 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		
			Year	Month	Day
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 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.				Effective Date of Transaction		Year	Month	Day
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 and any previous lender to collect, use and disclose data and information related to any of my CSLs that I may have for the purposes of carrying out their duties under, and the administration and enforcement of the CSLP.				Amount Brought Forward from previous Guaranteed Loans		Can\$.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.				Amount Brought Forward from previous Risk-Shared Loans		Can\$.XX
Do you intend to apply for a determination as a person with a permanent disability?				I have read and understood the Privacy Statement on the attached overleaf.				
<input type="checkbox"/> Yes <input type="checkbox"/> No				Student's Signature _____ Date (YYYY-MM-DD) _____				
Full Name, Address and Telephone Number of the Lender			Full Name, Address and Telephone Number of the NSLSC			Transit Number		
			National Student Loans Service Centre P.O. Box 4030 Mississauga, Ontario L5A 4M4					

- COPY 1 - NSLSC OR LENDER
- COPY 2 - To Be Sent To CSLP By Lender, For Full-Time Guaranteed/Risk-Shared Loans
- 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 4 - To Be Given To Student
- 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 LOANS PROGRAM
CONFIRMATION OF ENROLMENT
SCHEDULE 2**

IMPORTANT NOTICE - READ OVERLEAF

Province	22 A	Social Insurance Number (SIN)

(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					
Address While at School	Date of Birth		Number of Weeks of Study	Period of Study Commencement Date		Period of Study End Date	
	Year	Month		Day	Year	Month	Year
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 (✓ check 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		
			Year	Month	Day
_____ 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 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 and any previous lender to collect, use and disclose data and information related to any of my CSLs that I may have for the purposes of carrying out their duties under, and the administration and enforcement of the CSLP. 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. Do you intend to apply for a determination as a person with a permanent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	I have read and understood the Privacy Statement on the attached overleaf.	Effective Date of Transaction	Year	Month	Day	
			Amount Brought Forward from previous Guaranteed Loans	Can\$.XX
		Amount Brought Forward from previous Risk-Shared Loans	Can\$.XX	
Full Name, Address and Telephone Number of the Lender		Full Name, Address and Telephone Number of the NSLSC National Student Loans Service Centre P.O. Box 4030 Mississauga, Ontario L5A 4M4				
		Transit Number				

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 CSLP 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



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

IMPORTANT NOTICE - READ OVERLEAF

(Version française disponible sur demande)

Province	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	Month		Day	Year	Month	Year
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 (✓ check 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		
			Year	Month	Day
_____ 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 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 and any previous lender to collect, use and disclose data and information related to any of my CSLs that I may have for the purposes of carrying out their duties under, and the administration and enforcement of the CSLP. 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. Do you intend to apply for a determination as a person with a permanent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	I have read and understood the Privacy Statement on the attached overleaf.	Effective Date of Transaction	Year	Month	Day	
			Amount Brought Forward from previous Guaranteed Loans	Can\$.XX
	_____ Student's Signature		Amount Brought Forward from previous Risk-Shared Loans	Can\$.XX
_____ Date (YYYY-MM-DD)						
Full Name, Address and Telephone Number of the Lender	Full Name, Address and Telephone Number of the NSLSC National Student Loans Service Centre P.O. Box 4030 Mississauga, Ontario L5A 4M4					
		Transit Number				

COPY 2 - CSLP

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 CSLP 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 LOANS PROGRAM
CONFIRMATION OF ENROLMENT
SCHEDULE 2**

IMPORTANT NOTICE - READ OVERLEAF

(Version française disponible sur demande)

Province	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	Month		Day	Year	Month	Year
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 (✓ check 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		
			Year	Month	Day
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

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

COPY 3 - EDUCATIONAL INSTITUTIONAL

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)
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 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 LOANS PROGRAM
CONFIRMATION OF ENROLMENT
SCHEDULE 2**

IMPORTANT NOTICE - READ OVERLEAF

Province	24	Social Insurance Number (SIN)

(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					
Address While at School	Date of Birth		Number of Weeks of Study	Period of Study Commencement Date		Period of Study End Date	
	Year	Month		Day	Year	Month	Year
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 (✓ check 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		
			Year	Month	Day
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 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 and any previous lender to collect, use and disclose data and information related to any of my CSLs that I may have for the purposes of carrying out their duties under, and the administration and enforcement of the CSLP.</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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I have read and understood the Privacy Statement on the attached overleaf.</p> <p>_____ Student's Signature</p> <p>_____ Date (YYYY-MM-DD)</p>	Effective Date of Transaction	Year	Month	Day	
	Amount Brought Forward from previous Guaranteed Loans	Can\$.XX
	Amount Brought Forward from previous Risk-Shared Loans	Can\$.XX
Full Name, Address And Telephone Number Of The Lender	<p>Full Name, Address and Telephone Number of the NSLSC</p> <p>National Student Loans Service Centre P.O. Box 4030 Mississauga, Ontario L5A 4M4</p> <p>Transit Number</p>				

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)
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 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	CSLP	Canada Student Loans Program
	CSLA	Canada Student Loans Act	CSLR	Canada Student Loans Regulations
	NSLSC	National Student Loans 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

- 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 the National Student Loans Service Centre 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 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.

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.

Notice of Collection of Personal Information

Your personal information is collected under the authority of the CSFAA, the CSLA, and the 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. In order to conduct these activities, various sources of information under the custody and control of ESDC may be linked. 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.infosource.gc.ca. Info source may also be accessed on-line at any Service Canada Centre.