





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

(Version française disponible sur demande)  
PLEASE TYPE OR PRINT CLEARLY

PROVINCE	22	SOCIAL INSURANCE NO.			

**CONFIRMATION OF ENROLMENT - TO BE COMPLETED BY EDUCATIONAL INSTITUTION**

SURNAME OF STUDENT	GIVEN NAMES OF STUDENT

CURRENT ADDRESS	DATE OF BIRTH	NO. OF WKS. OF STUDY	PERIOD OF STUDIES COMMENCEMENT DATE		PERIOD OF STUDIES END DATE	
	YEAR MONTH DAY		YEAR	MONTH	YEAR	MONTH

INST. CODE	PROGRAM OF STUDIES CODE	<b>NOT VALID AFTER THIS DATE</b> ↑

NAME AND ADDRESS OF NEXT OF KIN (OTHER THAN SPOUSE)

NAME AND ADDRESS OF EDUCATIONAL INSTITUTION

As required (1) by the CSFAA and CSFARs for CSFALs and (2) by the CSLA and CSLRs for CSLs, this confirms that this student is enrolled (✓ check one)  full-time or  part-time. The student is registered at the above named institution at the post-secondary level for the period of studies ending in the month shown above.

NAME OF AUTHORIZED OFFICER	TITLE	TELEPHONE NO.	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 STUDIES END DATE		

**CONSENT AND CERTIFICATION - TO BE COMPLETED BY STUDENT**

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 CSFALs and 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 and CSFALs 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 or CSFAL agreements while a minor, I hereby ratify those agreements.

Do you intend to apply for a determination as a person with a permanent disability?

YES  NO

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**LOAN SUMMARY**

EFFECTIVE DATE OF TRANSACTION	YEAR	MONTH	DAY
AMOUNT BROUGHT FORWARD FROM PREVIOUS GUARANTEED LOANS	\$		.XX
AMOUNT BROUGHT FORWARD FROM PREVIOUS RISK-SHARED LOANS	\$		.XX
AMOUNT BROUGHT FORWARD FROM PREVIOUS DIRECT LOANS	\$		.XX
TRANSIT NUMBER			

FULL NAME, ADDRESS AND TELEPHONE NUMBER OF LENDER	FULL NAME, ADDRESS AND TELEPHONE NUMBER OF NSLSC

COPY 2 - CSLP

COPY 4 - TO BE GIVEN TO STUDENT  
 COPY 3 - TO BE SENT TO EDUCATIONAL INSTITUTION  
 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 - NSLSC OR LENDER



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

(Version française disponible sur demande)  
PLEASE TYPE OR PRINT CLEARLY

PROVINCE	23	SOCIAL INSURANCE NO.			

**CONFIRMATION OF ENROLMENT - TO BE COMPLETED BY EDUCATIONAL INSTITUTION**

SURNAME OF STUDENT	GIVEN NAMES OF STUDENT

CURRENT ADDRESS	DATE OF BIRTH	NO. OF WKS. OF STUDY	PERIOD OF STUDIES COMMENCEMENT DATE		PERIOD OF STUDIES END DATE	
	YEAR MONTH DAY		YEAR MONTH	YEAR MONTH		

INST. CODE		<b>NOT VALID AFTER THIS DATE</b> ↑
PROGRAM OF STUDIES CODE		

NAME AND ADDRESS OF NEXT OF KIN (OTHER THAN SPOUSE)

NAME AND ADDRESS OF EDUCATIONAL INSTITUTION

As required (1) by the CSFAA and CSFARs for CSFALs and (2) by the CSLA and CSLRs for CSLs, this confirms that this student is enrolled (✓ check one)  full-time or  part-time. The student is registered at the above named institution at the post-secondary level for the period of studies ending in the month shown above.

NAME OF AUTHORIZED OFFICER	TITLE	TELEPHONE NO.	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 STUDIES END DATE		

**LOAN SUMMARY**

<b>EARLY WITHDRAWAL NOTICE - TO BE COMPLETED BY DESIGNATED EDUCATIONAL INSTITUTION</b>	EFFECTIVE DATE OF TRANSACTION								
<p><b>NOTE TO EDUCATIONAL INSTITUTION</b></p> <p>If this student ceases to be a full-time student before the period of studies end date indicated above, complete and send this form to:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>FOR PUBLIC EDUCATIONAL INSTITUTIONS</b> National Student Loans Service Centre 2 Robert Speck Parkway Mississauga, Ontario L4Z 1H8</td> <td style="width: 50%;"><b>FOR PRIVATE EDUCATIONAL INSTITUTIONS:</b> National Student Loans Service Centre 85 The East Mall Toronto, Ontario M8Z 5W4</td> </tr> </table> <p style="text-align: center;">DATE OF CEASING FULL-TIME STUDIES</p> <p style="text-align: center;">SIGNATURE OF AUTHORIZED OFFICER OF THE EDUCATIONAL INSTITUTION</p>	<b>FOR PUBLIC EDUCATIONAL INSTITUTIONS</b> National Student Loans Service Centre 2 Robert Speck Parkway Mississauga, Ontario L4Z 1H8	<b>FOR PRIVATE EDUCATIONAL INSTITUTIONS:</b> National Student Loans Service Centre 85 The East Mall Toronto, Ontario M8Z 5W4	<table border="1"> <tr> <td>AMOUNT BROUGHT FORWARD FROM PREVIOUS GUARANTEED LOANS</td> <td style="text-align: right;">\$ .XX</td> </tr> <tr> <td>AMOUNT BROUGHT FORWARD FROM PREVIOUS RISK-SHARED LOANS</td> <td style="text-align: right;">\$ .XX</td> </tr> <tr> <td>AMOUNT BROUGHT FORWARD FROM PREVIOUS DIRECT LOANS</td> <td style="text-align: right;">\$ .XX</td> </tr> </table>	AMOUNT BROUGHT FORWARD FROM PREVIOUS GUARANTEED LOANS	\$ .XX	AMOUNT BROUGHT FORWARD FROM PREVIOUS RISK-SHARED LOANS	\$ .XX	AMOUNT BROUGHT FORWARD FROM PREVIOUS DIRECT LOANS	\$ .XX
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AMOUNT BROUGHT FORWARD FROM PREVIOUS DIRECT LOANS	\$ .XX								
	TRANSIT NUMBER								

**COPY 3 - EDUCATIONAL INSTITUTION**

- COPY 4 - TO BE GIVEN TO STUDENT
- COPY 3 - TO BE SENT TO EDUCATIONAL INSTITUTION
- 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 - NSLSC OR LENDER



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PROVINCE	24	SOCIAL INSURANCE NO.			

**CONFIRMATION OF ENROLMENT - TO BE COMPLETED BY EDUCATIONAL INSTITUTION**

SURNAME OF STUDENT	GIVEN NAMES OF STUDENT

CURRENT ADDRESS	DATE OF BIRTH	NO. OF WKS. OF STUDY	PERIOD OF STUDIES COMMENCEMENT DATE		PERIOD OF STUDIES END DATE	
	YEAR MONTH DAY		YEAR	MONTH	YEAR	MONTH

INST. CODE	PROGRAM OF STUDIES CODE	NOT VALID AFTER THIS DATE

NAME AND ADDRESS OF NEXT OF KIN (OTHER THAN SPOUSE)

NAME AND ADDRESS OF EDUCATIONAL INSTITUTION

As required (1) by the CSFAA and CSFARs for CSFALs and (2) by the CSLA and CSLRs for CSLs, this confirms that this student is enrolled (✓ check one)  full-time or  part-time.  
The student is registered at the above named institution at the post-secondary level for the period of studies ending in the month shown above.

NAME OF AUTHORIZED OFFICER	TITLE	TELEPHONE NO.	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 STUDIES END DATE

**CONSENT AND CERTIFICATION - TO BE COMPLETED BY STUDENT**

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 CSFALs and 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 and CSFALs 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 or CSFAL agreements while a minor, I hereby ratify those agreements.

Do you intend to apply for a determination as a person with a permanent disability?

YES  NO

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**LOAN SUMMARY**

EFFECTIVE DATE OF TRANSACTION	YEAR	MONTH	DAY
AMOUNT BROUGHT FORWARD FROM PREVIOUS GUARANTEED LOANS	\$		.XX
AMOUNT BROUGHT FORWARD FROM PREVIOUS RISK-SHARED LOANS	\$		.XX
AMOUNT BROUGHT FORWARD FROM PREVIOUS DIRECT LOANS	\$		.XX
TRANSIT NUMBER			

FULL NAME, ADDRESS AND TELEPHONE NUMBER OF LENDER	FULL NAME, ADDRESS AND TELEPHONE NUMBER OF NSLSC

**COPY 4 - STUDENT**

COPY 4 - TO BE GIVEN TO STUDENT  
COPY 3 - TO BE SENT TO EDUCATIONAL INSTITUTION  
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 - NSLSC OR LENDER

ABBREVIATIONS:	CSFAA	Canada Student Financial Assistance Act	CSL	Canada Student Loan
	CSFAL	Canada Student Financial Assistance Loan	CSLP	Canada Student Loans Program
	CSFAR	Canada Student Financial Assistance Regulations	CSLR	Canada Student Loans Regulations
	CSLA	Canada Student Loans Act		
	NLSLC	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, and
- (ii) in respect of your previous CSFALs a "designated educational institution" as defined by the CSFAA.

- All student loans negotiated on or after August 1, 2000 (Direct Loans) are being administered by the NLSLC.  
All student loans negotiated prior to August 1, 2000 (Guaranteed or Risk-Shared Loans) are held by a lending institution.
- If you have Direct Loans and Guaranteed or Risk-Shared loans, yc  
concerning Confirmation of Enrolment.
- **If you have loans negotiated prior to August 1, 2000**, it is your responsibility to provide your previous lender with a valid Confirmation of Enrolment, in order to maintain your previous loans in interest-free status. Failure to do so will result in the loss of your interest-free 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**

## INSTRUCTIONS TO STUDENTS

1. The CSFAA and CSFAR in respect of CSFALs, and the CSLA and CSLRs in respect of CSLs set out the definitive legal rights and obligations of a student. They should be referred to in the case of uncertainty or dispute.
2. This document will not be accepted by the institutions administering your loan after the end of the month shown as confirmed "Period of Studies End Date".
3. All loans negotiated after August 1, 2000 must be administered by the National Student Loans Service Centre. The same lender must hold all loans negotiated prior to August 1, 2000.  
  
If you wish to change lenders, before this document can be accepted by any other lender, the branch of the lender holding your previous full and part-time CSL and CSFAL agreements must, at your request, assign those agreements to a lender of your choice that is willing to accept those agreements.
4. You must provide your previous lender and the NLSLC with a valid **Confirmation of Enrolment** to continue interest-free status on full-time loans or interest-only status on part-time loans, regardless of whether you have applied for a new loan. Failure to do so as required by the CSFAR and CSLR will result in the loss of your interest-free or interest-only status and you may be required to pay interest owing.
5. **If you withdraw** from studies early, your "Period of Studies End Date" shown overleaf will be adjusted to the month of withdrawal and **your interest-free status or interest-only status will end on the last day of the month in which you withdraw.** Contact the lender and the service provider immediately.