



Student Financial Services
Department of Workforce and Advanced Learning
176 Great George Street, Suite 212
PO Box 2000, Charlottetown, PE Canada C1A 7N8
Tel: (902) 368-4640 / Fax: (902) 368-6144
Email: studentloan@gov.pe.ca / www.studentloan.pe.ca

CONFIRMATION OF ENROLMENT INSTRUCTIONS TO STUDENTS

This form should be used if:

You are returning to or continuing full-time study and have not received your new PEI Student Loan Certificate of Eligibility; or

You are returning to or continuing full-time study and you have not applied for a new PEI Student Loan for your continued studies: or

Your period of study end date has been extended beyond the date indicated on your last PEI Student Loan Certificate of Eligibility.

All copies of this form are to be completed by you and an official of your educational institution and copies are to be distributed to:

COPY 1 – EDULINX – PEI

By mail: PO Box 1008, Station B, Mississauga, ON L4Y 3W3

Or

By fax: 1-877-560-1390

COPY 2 – Student Financial Services

By mail: PO Box 2000, Charlottetown, PE L4Y 3W3

Or

By fax: 1-902-368-6144

COPY 3 – is to be retained for the student/borrower's records.

COPY 4 – is to be retained by the student's educational institution for their records.

***This copy cannot be accepted as confirmation of enrolment.**

Copies of this form must be sent to Student Financial Services and EDULINX-PEI at the beginning of your current study period. Be advised that once signed by an official of your educational institution this form is valid for 30 days only and not beyond the month reported as the "End Date of Current Study Period".



Student Financial Services Confirmation of Enrolment

Please type or print clearly

To be completed by Student

Student's Name and Address	Student's Social Insurance Number
Student's Phone Number ()	Student's Date of Birth DD/MM/YY
	Student's Identification Number

To be completed by Educational Institution

This is to confirm that the above-named Student is enrolled at this institution in at least 60% of a full course load of studies at the post-secondary level in the period of study ending in the month indicated below.

Name and Address of Designated Educational Institution	Educational Institution Code
Name/Title of Official	Start Date of Current Study Period MM/YY
Official's Phone Number ()	End Date of Current Study Period MM/YY
Signature of Official	Date Signed DD/MM/YY

To be completed by Student

I hereby declare that I am enrolled at the above-named educational institution in the percentage of full course load noted above at the post-secondary level in the period of studies ending in the month indicated above. In addition, I acknowledge that the information about any Student Loan disbursed to me as a result of the Application for Student Assistance may/will be reported on a regular basis to a credit agency from the time of negotiation until the loan is repaid in full. I further declare that the above information is true and correct.

Signature of Student	Date Signed DD/MM/YY
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COPY 1 – TO BE FORWARDED TO EDULINX
COPY 2 – TO BE FORWARDED TO STUDENT FINANCIAL SERVICES
COPY 3 – TO BE RETAINED BY STUDENT/BORROWER
COPY 4 – TO BE RETAINED BY EDUCATIONAL INSTITUTION