

Nunatsiavut Government – EDUCATION DIVISION

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Change of Status Form

*Student Name:	*Program:			
*Student #:	*Institution:			
*Primary Email Address:	*Phone #:			
Marital Status Change:				
The marital status on my original application ☐ Single ☐ Married ☐ Divorced		nmon-Law 🗆 Widowed		
Please change to (please submit copy of mal ☐ Single ☐ Married ☐ Divorced ☐ Separation	•	· ·		
Change in Dependents: Please add:				
	as my spouse	Date of Birth:		
And/or	as my dependent	Date of Birth:		
Additional Dependents (if applicable):				
		Date of Birth:		
*NOTE: If adding a spouse or additional dep	pendent(s), please also sub	Date of Birth: mit a new Applicant Declaration.		
Please remove:				
as my spouse		5.00		
		Date of Birth:		
Additional Dependents (if applicable):		Date of Birth:		
		Date of Birth: Date of Birth:		
My spouse is also currently being funded by	the Nunatsiavut Governme			
		□ Yes □ No		
Change in Address / Lama Camananita				
Change in Address/Home Community Original Address on application:				
Original Address on application.				
New address:				

Change to:Proof of name change attached: Yes No Program of Studies/Courses Change: Please change: to to	Name Change: Original name on application:					
Program of Studies/Courses Change: Please change:						
Please change: _ # of courses from: to to	Proof of name change attached:	□ Yes	□ No			
**Part-time to Full-time funding status from: Full-time in-person to Full-time online Full-time online to Full-time in-person Program within the same Institution from: to **Institutions: From to Location under the same Institution from: to **If changing from part-time to full-time studies or changing institutions, please submit a new application for funding (Sections A&B only) with this form. **Student Signature: *Date:		to				
Full-time online to Full-time in-person Program within the same Institution from:	□ funding status from:					
- **Institutions: From	□ funding status from:	-				
□ Location under the same Institution from:	□ Program within the sa	ame Institution f	rom: _		to	
**If changing from part-time to full-time studies or changing institutions, please submit a new application for funding (Sections A&B only) with this form. *Student Signature:	- **Institutions: From			to		
	☐ Location under the same Institution from: _		rom: _	to		
			iging ins	stitutio	ns, please submit a new application	
	*Student Signature:			*Date	e:	
Verified by: Date:	Verified by:			_	Date:	
Notes:	Notes:					