

RENEWAL FORM

Student Name: _____

Living Arrangements while in training

Check **one** box:

Renting/boardings
 Living with parents/family
 Campus residence
 Own home

Primary Email:

Primary Phone #: _____

Mailing Address (While in Training):

City/Town: _____

Province: _____ Postal Code: _____

Student #: _____

Program: _____

Institution: _____

Year of Study (in next semester): ___ of ___ (example:
in your 2nd yr of a 4 yr program)

Term Start Date: _____ MM/DD/YYYY
(Can be found on your institution website)

Term End Date (last day of exams): _____ MM/DD/YYYY

Status (Check all that apply to you)

Full-time
 Part-time
 PhD/Masters (Course outline required)
 Flight school (Course outline required)
 Self-paced (Asynchronous, course outline required)
 Self-paced (Synchronous. Athabasca U or similar,
course outline required)

Semester/Term Entering: (please check one)

Fall (Sept-Dec) Winter (Jan-Apr) Spring (May-Aug) Intersession (May-Jun) Summer (Jul-Aug)
 Selfpaced/PhD/Masters: _____ to _____ **(Periodic progress updates with the Education Division is required)**

Semester/Term Entering: (please check one)

Will be a paid work term Will be an unpaid work term Is **not** a work term

****A confirmation of Work Term stating: Start/end date, salary, location must be sent to education@nunatsiavut.com**

Textbook advance needed? Yes No If yes, amount requesting (up to \$500): _____

Are you due to graduate at the end of this semester/term? Yes No If yes, when? _____

****Student Signature:** _____ **Date:** _____

Why is a Renewal important?

ANS) A *Renewal* tells the E.D. that you are continuing into the next semester so your tuition can be extended. It confirms your addresses, student identifiers, & semester when we need to contact you or your institution. It identifies your need for any new textbooks, for graduation supports, and what supports are needed in your workterm. All information you give in this Renewal is required and is used to keep your file as up-to-date as possible.

For Office Use Only: Verified by: _____ Date: _____
Entered by: _____ Date: _____
Funding Allocation: Tuition/Childcare: <input type="checkbox"/> PSSSP <input type="checkbox"/> ISETP (<input type="checkbox"/> EI <input type="checkbox"/> CRF) <input type="checkbox"/> IPSE
Remaining Supports: <input type="checkbox"/> PSSSP <input type="checkbox"/> ISETP (<input type="checkbox"/> EI <input type="checkbox"/> CRF) <input type="checkbox"/> IPSE