Nunatsiavut Government - EDUCATION DIVISION



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Student Address & Course Confirmation (SACC) Form

	All aleas of this form must be completed	
Student Name:	Student #:	
Living Arrangements while in training	Program:	
Check one box:	Institution:	
 Renting/boarding Living with parents/family Campus residence Own home Primary Email:	Year of Study: of (example: in your 2 nd yr of a 4 yr program) Term Start Date: MM/DD/YYYY (Can be found on your institution website) Term End Date: MM/DD/YYYY Status (Check all that apply to you)	
Primary Phone #: Mailing Address (While in Training): City/Town:	 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, 	
Province: Postal Code:	course outline required)	

Course Confirmation *If you are in a registered for more than 7 courses, please attach a full course list.

Course Name	Course Code	Credit Value	On Campus	Online
CHEM	2400	3		yes
nt Semester: (Cheo	ck the box for the semes	ter you are currently in)		

🗌 Fall (Sept-Dec) 🗌 Winter (Jan-Apr) 🛛 🗌 Spring (M	lay-Aug) 🛛 🗌 Inters	session (May-Jun) 🗌 Summer (Jul-Aug
\Box This is a paid work term $[$	This is an unpaid work	term (must forward proo	f of work term to <u>education@nunatsiavut.com</u>)
Selfpaced/PhD/Masters: _	toto	(Periodic progress	updates with the Education Division is required)

Why is a SACC important? ANS)All information in this document is important for your file with the E.D. Course Confirmation assists in identifying your FT/PT status, or the need to communicate with an academic advisor or to submit supporting documents. Your Status helps to identify your direction with the E.D.; what supports your sponsorship can cover and what other information is required from you. Y.o.S, Start/End dates confirm the period your supports can be given, and if you are required to make changes to your program of choice. This form tells the E.D. that you have started classes, therefore cannot be submitted before classes have started.

**Student Signature:	Date:	Date:	
	For Office Use Only: Verified by:	Date:	
	Entered by:	Date:	
	Funding Allocation: Tuition/Childcare	e: 🗆 PSSSP 🗆 ISETP (🗆 EI 🗆 CRF) 🗆 IPSE	
	Remaining Supports: PSSSP ISET	P (🗆 EI 🗆 CRF) 🗆 IPSE	
Powisad Mar 2024			