

Student Name:\_\_\_

Living Arrangements while in training:

Student #:\_\_\_

## Nunatsiavut Government – EDUCATION DIVISION

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## **Student Address & Course Confirmation (SACC) Form**

\*\*Must be submitted after classes have started\*\*All areas of this form must be completed\*\*

Program:\_\_

Institution:

Mailing Address (while in training:\_

Check one box:					
□ Renting/boarding		City/Town:			
□ Living with parents/family		Province:			
□ Campus residence		Postal Code:	Postal Code:		
□ Own home		Primary Phone	Primary Phone #:()		
Primary Email:					
		Term end:	*Term start and end date//		
·	art-time   PhD/Maste	ers (Course outline required	d) <b>Flight school</b> (Course	outline required)	
	ynchronous, course outline re		·		
•		•			
NOTE: Verification of	Enrollment required whe	en submitting SACC for i	intersession and Summi	er 	
Course Confirmation *	If you are in a registered for	or more than 7 courses, p	lease attach a full course	list.	
Course Name	Course Code	Credit Value	On Campus	Online	
CHEM	2400	3		yes	
□Fall (Sept-Dec) □ Winte	he box for the semester you a r (Jan-Apr) □Spring (May-Au □ This is an unpaid work term	ug) □Intersession (May-Jur		(Jul-Aug) VOE req'd	
	/ / to / /		·		
,	Day Month Yea				
ed to communicate with an academ onsorship can cover and what othe	information in this document is importance advisor or to submit supporting docr information is required from you. Y.c. pice. This form tells the E.D. that you have	cuments. Your Status helps to ident o.S, Start/End dates confirm the per	tify your direction with the E.D.; wha iod your supports can be given, and	t supports your if you are required to	
**Student Signatur	e:		Date:		
For Office Use Only: Ver	ified By:	Date://	Received:/		
Notes:					
Notes:				Revised June 2024	