



# KIA Inuit Post-Secondary Education Program STUDENT ENROLLMENT FORM

**! IMPORTANT !**

This form is to be completed within the first 2 weeks of each semester. It confirms that you have started school. Once completed, return to the PSE Coordinator.  
**NO STUDENT PAYMENTS WILL BE MADE UNTIL THIS FORM IS RECEIVED.**

## Part A: To Be Completed By Student

I, \_\_\_\_\_, of \_\_\_\_\_ (city or home community) declare that my eligibility for the Inuit Post-Secondary Education Program has not changed since I was approved for student financial assistance by the Kitikmeot Inuit Association (KIA). I agree to inform the KIA office of any changes to my status as they occur during the school year. This may include but is not limited to a change in course load, withdrawing from my program, or a change in marital or dependent status. I understand that failure to do this may result in termination of benefits, recovery of benefits paid, and possible legal action.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
STUDENT / COLLEGE ID #

My mailing address while at school is:

PO Box # / Street Address	Community / City	Territory / Province	Postal Code
Phone Number	Email Address		

## Part B: To Be Completed By Post-Secondary Institution

I, \_\_\_\_\_, CERTIFY THAT  
NAME OF EDUCATIONAL OFFICER

\_\_\_\_\_  
STUDENT'S NAME

is registered as a:  FULL TIME STUDENT IN A POST-SECONDARY PROGRAM  
 PART TIME STUDENT IN A POST-SECONDARY PROGRAM

They are in their (select one):  1st  2nd  3rd  4th year

The program is \_\_\_\_\_ year(s) in duration and results in a:

Certificate  Diploma  Bachelor's  Master's  PhD  Apprenticeship

In \_\_\_\_\_, from \_\_\_\_\_  
PROGRAM NAME INSTITUTION'S NAME

The current term is:  Fall  Winter  Spring  Summer  Other

Starts: \_\_\_\_\_ and ends \_\_\_\_\_  
START DATE (YYYY/MM/DD) END DATE (YYYY/MM/DD)

The academic year has (check one):  1  2  3  4 terms

Tuition Cost	Book Cost	Required Fees

\_\_\_\_\_  
SIGNATURE OF OFFICIAL

\_\_\_\_\_  
TITLE OF OFFICIAL

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
INSTITUTION STAMP