POST SECONDARY STUDENT INFORMATION

Please complete all fields in order to avoid errors on your Annual Register of Post-Secondary Education Report – DCI 4016769

FISCAL YEAR:	
NAME	
DATE OF BIRTH	
IRS # (Status #)	
# of Dependents: 0 1 2 3 4 5 6 (____)	MARITAL STATUS: Single Married/Common Law

POST SECONDARY INFORMATION:

INSTITUTION	
ADDRESS	
PHONE #	
Circle one:	Full Time Part Time
SEMESTER(S) ATTENDING: Spring: May & June Summer: July & August	**Circle all that apply** Fall: September to December Winter: January to April
PROGRAM START DATE	(YEAR/MONTH/DAY)
ACADEMIC PROGRAM LENGTH (# Years)	**Circle one:** 1 2 3 4 5
LEVEL OF EDUCATION SOUGHT:	**Circle one:** UCEP Certificate Diploma Bachelor Masters Doctorate
AREA OF STUDY - Category (refer to Job Aid)	
AREA OF STUDY – Sub Category (refer to Job Aid)	

FUNDING INFORMATION:

COSTS:	Spring	Summer	Fall	Winter	Totals
Living Allowance					
Tuition					
Books					
Materials & Supplies					
Travel					
Incentives					
Total $					

Please note – Program Administration Cost CANNOT exceed 10%

PROGRAM ADMINISTRATION $:

STUDENT ACHIEVEMENT:

	Spring	Summer	Fall	Winter
Circle one for each Semester the student attends:	Graduated **DATE:**	Graduated **DATE:**	Graduated **DATE:**	Graduated **DATE:**
	Completed semester with satisfactory academic standing	Completed semester with satisfactory academic standing	Completed semester with satisfactory academic standing	Completed semester with satisfactory academic standing
	Did not complete semester in good standing	Did not complete semester in good standing	Did not complete semester in good standing	Did not complete semester in good standing
	Did not complete semester due to exceptional circumstances	Did not complete semester due to exceptional circumstances	Did not complete semester due to exceptional circumstances	Did not complete semester due to exceptional circumstances
	Dropped-out	Dropped-out	Dropped-out	Dropped-out
STUDENT'S ACADEMIC YEAR JUST COMPLETED: **Circle for each semester the student attends**				
	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5

Completed by: _____ Date: _____