

NOTE TO STUDENTS: PRESENT THIS FORM TO THE NSLSC OR YOUR PREVIOUS LENDER AT THE BEGINNING OF YOUR SCHOOL YEAR.

**CANADA STUDENT LOANS PROGRAM
CONFIRMATION OF ENROLMENT
SCHEDULE 2**

IMPORTANT TO YOU - READ OVERLEAF

(Version française disponible sur demande)
PRESS FIRMLY; YOU ARE MAKING FIVE COPIES

PROVINCE	21	SOCIAL INSURANCE NO.			

CONFIRMATION OF ENROLMENT - TO BE COMPLETED BY EDUCATIONAL INSTITUTION

SURNAME OF STUDENT				GIVEN NAMES OF STUDENT							
CURRENT ADDRESS				DATE OF BIRTH			NO. OF WKS. OF STUDY	PERIOD OF STUDIES COMMENCEMENT DATE		PERIOD OF STUDIES END DATE	
				YEAR	MONTH	DAY		YEAR	MONTH	YEAR	MONTH
Area Code and Telephone (while at school)				INST. CODE			NOT VALID AFTER THIS DATE ↑				
PERMANENT ADDRESS				PROGRAM OF STUDIES CODE							
Area Code and Telephone				E-mail Address of Student							
NAME AND ADDRESS OF EDUCATIONAL INSTITUTION											

As required (1) by the CSFAA and CSFARs for CSFALs and (2) by the CSLA and CSLRs for CSLs, this confirms that this student is enrolled (✓ check one or both) full-time and/or part-time. (Refer to Instructions to Students on overleaf)
The student is registered at the above named institution at the post-secondary level for the period of studies ending in the month shown above.

NAME OF AUTHORIZED OFFICER			TITLE			TELEPHONE NO.			DATE SIGNED		
									YEAR	MONTH	DAY
SIGNATURE OF AUTHORIZED OFFICER OF THE EDUCATIONAL INSTITUTION									▲ CONFIRMATION OF ENROLMENT VALID FOR ONLY 30 DAYS FROM THIS DATE - VOID AFTER THE PERIOD OF STUDIES END DATE		

CONSENT AND CERTIFICATION - TO BE COMPLETED BY STUDENT

LOAN SUMMARY

I certify that all the information on this document is correct as of the date indicated below. I certify that I have read and I understand the "Instructions to Students" overleaf and agree to comply with them.				EFFECTIVE DATE OF TRANSACTION		
I authorize my previous lender, if any, the NSLSC, and the Government of Canada to disclose to and obtain from any other consumer credit grantors, credit bureaus or credit reporting agencies all particulars and information relating to my CSFALs and CSLs. I authorize any educational institution I have attended, any appropriate authority, or any employer, to release to the lender or the NSLSC or to the federal government or its agents, whatever information they need to locate me.				YEAR	MONTH	DAY
I authorize the federal government, appropriate authority, educational institution, the NSLSC and any previous lender to collect, use and disclose data and information related to any of my CSLs and CSFALs that I may have for the purposes of carrying out their duties under, and the administration and enforcement of the CSLP.						
If I have entered into any CSL agreements or CSFAL agreements while a minor, I hereby ratify those agreements.				AMOUNT BROUGHT FORWARD FROM PREVIOUS GUARANTEED LOANS		
Do you intend to apply for a determination as a person with a permanent disability?				Can\$.XX	
<input type="checkbox"/> YES <input type="checkbox"/> NO				AMOUNT BROUGHT FORWARD FROM PREVIOUS RISK-SHARED LOANS		
Student's Signature _____ Date (yyyy/mm/dd) _____				Can\$.XX	
FULL NAME, ADDRESS AND TELEPHONE NUMBER OF LENDER			FULL NAME, ADDRESS AND TELEPHONE NUMBER OF NSLSC			TRANSIT NUMBER
			National Student Loans Service Centre P.O. Box 4030 Mississauga, Ontario L5A 4M4			

NOTE TO STUDENTS: PRESENT THIS FORM TO THE NSLSC OR YOUR PREVIOUS LENDER AT THE BEGINNING OF YOUR SCHOOL YEAR.

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PROVINCE	22 A	SOCIAL INSURANCE NO.			

CONFIRMATION OF ENROLMENT - TO BE COMPLETED BY EDUCATIONAL INSTITUTION

SURNAME OF STUDENT					GIVEN NAMES OF STUDENT									
CURRENT ADDRESS					DATE OF BIRTH			NO. OF WKS. OF STUDY	PERIOD OF STUDIES COMMENCEMENT DATE		PERIOD OF STUDIES END DATE			
					YEAR	MONTH	DAY		YEAR	MONTH	YEAR	MONTH		
Area Code and Telephone (while at school)					INST. CODE			NOT VALID AFTER THIS DATE ↑						
PERMANENT ADDRESS					PROGRAM OF STUDIES CODE									
Area Code and Telephone					E-mail Address of Student									
NAME AND ADDRESS OF EDUCATIONAL INSTITUTION														

As required (1) by the CSFAA and CSFARs for CSFALs and (2) by the CSLA and CSLRs for CSLs, this confirms that this student is enrolled (✓ check one or both) full-time and/or part-time. (Refer to Instructions to Students on overleaf)
The student is registered at the above named institution at the post-secondary level for the period of studies ending in the month shown above.

NAME OF AUTHORIZED OFFICER			TITLE			TELEPHONE NO.			DATE SIGNED		
									YEAR	MONTH	DAY
_____ SIGNATURE OF AUTHORIZED OFFICER OF THE EDUCATIONAL INSTITUTION									▲ CONFIRMATION OF ENROLMENT VALID FOR ONLY 30 DAYS FROM THIS DATE - VOID AFTER THE PERIOD OF STUDIES END DATE		

CONSENT AND CERTIFICATION - TO BE COMPLETED BY STUDENT

LOAN SUMMARY

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I authorize my previous lender, if any, the NSLSC, and the Government of Canada to disclose to and obtain from any other consumer credit grantors, credit bureaus or credit reporting agencies all particulars and information relating to my CSFALs and CSLs. I authorize any educational institution I have attended, any appropriate authority, or any employer, to release to the lender or the NSLSC or to the federal government or its agents, whatever information they need to locate me.				YEAR	MONTH	DAY	
I authorize the federal government, appropriate authority, educational institution, the NSLSC and any previous lender to collect, use and disclose data and information related to any of my CSLs and CSFALs that I may have for the purposes of carrying out their duties under, and the administration and enforcement of the CSLP.							
If I have entered into any CSL agreements or CSFAL agreements while a minor, I hereby ratify those agreements.				AMOUNT BROUGHT FORWARD FROM PREVIOUS GUARANTEED LOANS			
Do you intend to apply for a determination as a person with a permanent disability?				Can\$.XX	
<input type="checkbox"/> YES <input type="checkbox"/> NO				AMOUNT BROUGHT FORWARD FROM PREVIOUS RISK-SHARED LOANS			
Student's Signature _____ Date (yyyy/mm/dd) _____				Can\$.XX	
FULL NAME, ADDRESS AND TELEPHONE NUMBER OF LENDER			FULL NAME, ADDRESS AND TELEPHONE NUMBER OF NSLSC			TRANSIT NUMBER	
			National Student Loans Service Centre P.O. Box 4030 Mississauga, Ontario L5A 4M4				

NOTE TO STUDENTS: PRESENT THIS FORM TO THE NSLSC OR YOUR PREVIOUS LENDER AT THE BEGINNING OF YOUR SCHOOL YEAR.

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PROVINCE	22	SOCIAL INSURANCE NO.			

CONFIRMATION OF ENROLMENT - TO BE COMPLETED BY EDUCATIONAL INSTITUTION

SURNAME OF STUDENT				GIVEN NAMES OF STUDENT							
CURRENT ADDRESS				DATE OF BIRTH			NO. OF WKS. OF STUDY	PERIOD OF STUDIES COMMENCEMENT DATE		PERIOD OF STUDIES END DATE	
				YEAR	MONTH	DAY		YEAR	MONTH	YEAR	MONTH
				INST. CODE			NOT VALID AFTER THIS DATE ↑				
Area Code and Telephone (while at school)				PROGRAM OF STUDIES CODE							
PERMANENT ADDRESS											
Area Code and Telephone				E-mail Address of Student							
NAME AND ADDRESS OF EDUCATIONAL INSTITUTION											

As required (1) by the CSFAA and CSFARs for CSFALs and (2) by the CSLA and CSLRs for CSLs, this confirms that this student is enrolled (✓ check one or both) full-time and/or part-time. (Refer to Instructions to Students on overleaf)
The student is registered at the above named institution at the post-secondary level for the period of studies ending in the month shown above.

NAME OF AUTHORIZED OFFICER		TITLE		TELEPHONE NO.		DATE SIGNED		
						YEAR	MONTH	DAY
SIGNATURE OF AUTHORIZED OFFICER OF THE EDUCATIONAL INSTITUTION						▲ CONFIRMATION OF ENROLMENT VALID FOR ONLY 30 DAYS FROM THIS DATE - VOID AFTER THE PERIOD OF STUDIES END DATE		

CONSENT AND CERTIFICATION - TO BE COMPLETED BY STUDENT

LOAN SUMMARY

I certify that all the information on this document is correct as of the date indicated below. I certify that I have read and I understand the "Instructions to Students" overleaf and agree to comply with them.				EFFECTIVE DATE OF TRANSACTION		
I authorize my previous lender, if any, the NSLSC, and the Government of Canada to disclose to and obtain from any other consumer credit grantors, credit bureaus or credit reporting agencies all particulars and information relating to my CSFALs and CSLs. I authorize any educational institution I have attended, any appropriate authority, or any employer, to release to the lender or the NSLSC or to the federal government or its agents, whatever information they need to locate me.				YEAR	MONTH	DAY
I authorize the federal government, appropriate authority, educational institution, the NSLSC and any previous lender to collect, use and disclose data and information related to any of my CSLs and CSFALs that I may have for the purposes of carrying out their duties under, and the administration and enforcement of the CSLP.				AMOUNT BROUGHT FORWARD FROM PREVIOUS GUARANTEED LOANS		Can\$.XX
If I have entered into any CSL agreements or CSFAL agreements while a minor, I hereby ratify those agreements.				AMOUNT BROUGHT FORWARD FROM PREVIOUS RISK-SHARED LOANS		Can\$.XX
Do you intend to apply for a determination as a person with a permanent disability?						
<input type="checkbox"/> YES <input type="checkbox"/> NO						
Student's Signature _____ Date (yyyy/mm/dd) _____						
FULL NAME, ADDRESS AND TELEPHONE NUMBER OF LENDER		FULL NAME, ADDRESS AND TELEPHONE NUMBER OF NSLSC		TRANSIT NUMBER		
		National Student Loans Service Centre P.O. Box 4030 Mississauga, Ontario L5A 4M4				

COPY 2 - CSLP

COPY 4 - TO BE GIVEN TO STUDENT
COPY 3 - TO BE RETAINED BY THE EDUCATIONAL INSTITUTION (AND IF THERE IS AN EARLY WITHDRAWAL, IT WILL BE COMPLETED AND RETURNED TO THE NSLSC)
COPY 2 - TO BE SENT TO CSLP BY LENDER, FOR FULL-TIME GUARANTEED/RISK-SHARED LOANS
COPY 22A - TO BE GIVEN TO STUDENT BY NSLSC TO PROVIDE PREVIOUS LENDER WITH CONFIRMATION OF ENROLMENT
COPY 1 - NSLSC OR LENDER

NOTE TO STUDENTS: PRESENT THIS FORM TO THE NSLSC OR YOUR PREVIOUS LENDER AT THE BEGINNING OF YOUR SCHOOL YEAR.

**CANADA STUDENT LOANS PROGRAM
CONFIRMATION OF ENROLMENT
SCHEDULE 2**

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PROVINCE	23	SOCIAL INSURANCE NO.			

CONFIRMATION OF ENROLMENT - TO BE COMPLETED BY EDUCATIONAL INSTITUTION

SURNAME OF STUDENT				GIVEN NAMES OF STUDENT							
CURRENT ADDRESS				DATE OF BIRTH			NO. OF WKS. OF STUDY	PERIOD OF STUDIES COMMENCEMENT DATE		PERIOD OF STUDIES END DATE	
				YEAR	MONTH	DAY		YEAR	MONTH	YEAR	MONTH
Area Code and Telephone (while at school)				INST. CODE			NOT VALID AFTER THIS DATE ↑				
PERMANENT ADDRESS				PROGRAM OF STUDIES CODE							
Area Code and Telephone				E-mail Address of Student							
NAME AND ADDRESS OF EDUCATIONAL INSTITUTION											

As required (1) by the CSFAA and CSFARs for CSFALs and (2) by the CSLA and CSLRs for CSLs, this confirms that this student is enrolled (✓ check one or both) full-time and/or part-time. (Refer to Instructions to Students on overleaf)
The student is registered at the above named institution at the post-secondary level for the period of studies ending in the month shown above.

NAME OF AUTHORIZED OFFICER			TITLE			TELEPHONE NO.			DATE SIGNED		
									YEAR	MONTH	DAY
SIGNATURE OF AUTHORIZED OFFICER OF THE EDUCATIONAL INSTITUTION									▲ CONFIRMATION OF ENROLMENT VALID FOR ONLY 30 DAYS FROM THIS DATE - VOID AFTER THE PERIOD OF STUDIES END DATE		

LOAN SUMMARY

EARLY WITHDRAWAL NOTICE - TO BE COMPLETED BY DESIGNATED EDUCATIONAL INSTITUTION						EFFECTIVE DATE OF TRANSACTION								
<p>NOTE TO EDUCATIONAL INSTITUTION</p> <p>If this student ceases to be a full-time student before the period of studies end date indicated above, complete and send this form to:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>FOR PUBLIC EDUCATIONAL INSTITUTIONS National Student Loans Service Centre P.O. Box 4030 Mississauga, Ontario L5A 4M4</p> </div> <div style="width: 45%;"> <p>FOR PRIVATE EDUCATIONAL INSTITUTIONS: National Student Loans Service Centre P.O. Box 4030 Mississauga, Ontario L5A 4M4</p> </div> </div> <div style="margin-top: 20px;"> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>YEAR</td> <td>MONTH</td> <td>DAY</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: center;">DATE OF CEASING FULL-TIME STUDIES</p> <p style="text-align: center;">SIGNATURE OF AUTHORIZED OFFICER OF THE EDUCATIONAL INSTITUTION</p> </div>						YEAR	MONTH	DAY						
						YEAR	MONTH	DAY						
AMOUNT BROUGHT FORWARD FROM PREVIOUS GUARANTEED LOANS			Can\$.XX								
AMOUNT BROUGHT FORWARD FROM PREVIOUS RISK-SHARED LOANS			Can\$.XX								
TRANSIT NUMBER														

NOTE TO STUDENTS: PRESENT THIS FORM TO THE NSLSC OR YOUR PREVIOUS LENDER AT THE BEGINNING OF YOUR SCHOOL YEAR.

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PROVINCE	24	SOCIAL INSURANCE NO.			

CONFIRMATION OF ENROLMENT - TO BE COMPLETED BY EDUCATIONAL INSTITUTION

SURNAME OF STUDENT				GIVEN NAMES OF STUDENT							
CURRENT ADDRESS				DATE OF BIRTH			NO. OF WKS. OF STUDY	PERIOD OF STUDIES COMMENCEMENT DATE		PERIOD OF STUDIES END DATE	
				YEAR	MONTH	DAY		YEAR	MONTH	YEAR	MONTH
				INST. CODE			NOT VALID AFTER THIS DATE ↑				
Area Code and Telephone (while at school)				PROGRAM OF STUDIES CODE							
PERMANENT ADDRESS											
Area Code and Telephone				E-mail Address of Student							
NAME AND ADDRESS OF EDUCATIONAL INSTITUTION											

As required (1) by the CSFAA and CSFARs for CSFALs and (2) by the CSLA and CSLRs for CSLs, this confirms that this student is enrolled (✓ check one or both) full-time and/or part-time. (Refer to Instructions to Students on overleaf)
The student is registered at the above named institution at the post-secondary level for the period of studies ending in the month shown above.

NAME OF AUTHORIZED OFFICER		TITLE	TELEPHONE NO.	DATE SIGNED		
				YEAR	MONTH	DAY
SIGNATURE OF AUTHORIZED OFFICER OF THE EDUCATIONAL INSTITUTION						▲ CONFIRMATION OF ENROLMENT VALID FOR ONLY 30 DAYS FROM THIS DATE - VOID AFTER THE PERIOD OF STUDIES END DATE

CONSENT AND CERTIFICATION - TO BE COMPLETED BY STUDENT

LOAN SUMMARY

I certify that all the information on this document is correct as of the date indicated below. I certify that I have read and I understand the "Instructions to Students" overleaf and agree to comply with them.				EFFECTIVE DATE OF TRANSACTION		
I authorize my previous lender, if any, the NSLSC, and the Government of Canada to disclose to and obtain from any other consumer credit grantors, credit bureaus or credit reporting agencies all particulars and information relating to my CSFALs and CSLs. I authorize any educational institution I have attended, any appropriate authority, or any employer, to release to the lender or the NSLSC or to the federal government or its agents, whatever information they need to locate me.				YEAR	MONTH	DAY
I authorize the federal government, appropriate authority, educational institution, the NSLSC and any previous lender to collect, use and disclose data and information related to any of my CSLs and CSFALs that I may have for the purposes of carrying out their duties under, and the administration and enforcement of the CSLP.						
If I have entered into any CSL agreements or CSFAL agreements while a minor, I hereby ratify those agreements.				AMOUNT BROUGHT FORWARD FROM PREVIOUS GUARANTEED LOANS		
Do you intend to apply for a determination as a person with a permanent disability?				Can\$.XX
<input type="checkbox"/> YES <input type="checkbox"/> NO				AMOUNT BROUGHT FORWARD FROM PREVIOUS RISK-SHARED LOANS		
Student's Signature _____ Date (yyyy/mm/dd) _____				Can\$.XX
FULL NAME, ADDRESS AND TELEPHONE NUMBER OF LENDER			FULL NAME, ADDRESS AND TELEPHONE NUMBER OF NSLSC			TRANSIT NUMBER
			National Student Loans Service Centre P.O. Box 4030 Mississauga, Ontario L5A 4M4			

COPY 4 - STUDENT

COPY 4 - TO BE GIVEN TO STUDENT
 COPY 3 - TO BE RETAINED BY THE EDUCATIONAL INSTITUTION (AND IF THERE IS AN EARLY WITHDRAWAL, IT WILL BE COMPLETED AND RETURNED TO THE NSLSC)
 COPY 2 - TO BE SENT TO CSLP BY LENDER, FOR FULL-TIME GUARANTEED/RISK-SHARED LOANS
 COPY 22A - TO BE GIVEN TO STUDENT BY NSLSC TO PROVIDE PREVIOUS LENDER WITH CONFIRMATION OF ENROLMENT
 COPY 1 - NSLSC OR LENDER



ABBREVIATIONS:	CSFAA	Canada Student Financial Assistance Act	CSL	Canada Student Loan
	CSFAL	Canada Student Financial Assistance Loan	CSLP	Canada Student Loans Program
	CSFAR	Canada Student Financial Assistance Regulations	CSLR	Canada Student Loans Regulations
	CSLA	Canada Student Loans Act		
	NLSLC	National Student Loans Service Centre		

* In this schedule, educational institution means:

- (i) in respect of your previous CSLs, a "specified educational institution" as defined by the CSLA, and
- (ii) in respect of your previous CSFALs, a "designated educational institution" as defined by the CSFAA.

IMPORTANT NOTICE

- All student loans negotiated on or after August 1, 2000 (Direct Loans) are being administered by the NLSLC.
All student loans negotiated prior to August 1, 2000 (Guaranteed or Risk-Shared Loans) are held by a lending institution.
- If you have Direct Loans and Guaranteed or Risk-Shared loans, **you should contact the National Student Loans Service Centre first**, concerning Confirmation of Enrolment.
- **If you have loans negotiated prior to August 1, 2000**, it is your responsibility to provide your previous lender with a valid Confirmation of Enrolment, in order to maintain your previous loans in interest-free status. Failure to do so will result in the loss of your interest-free status and you may be required to pay your previous lender any interest owing. **Copy 22A of this document can be used for this purpose as long as it is provided to the lender holding the previous loan, within 30 days of the confirmation date indicated on the schedule.**

INSTRUCTIONS TO STUDENTS

Step 1: Confirm Your Enrolment

Have the Educational Institution you plan to attend confirm your enrolment by completing and signing the Confirmation of Enrolment - Schedule 2 form.

Step 2: Sign and Date your Confirmation of Enrolment Schedule 2 Form

It is important that you read and understand the Consent and Certification and the terms and conditions of this form. You must provide your agreement/consent by signing the Consent and Certification section of this form.

Step 3: Bring your document to a NLSLC kiosk or mail it to the NLSLC

Bring your completed Confirmation of Enrolment document to an on-campus NLSLC kiosk. You will be required to show your Social Insurance Number card (or any other official Government of Canada document that indicates your Social Insurance Number) and any valid photo identification issued in Canada by the federal or a provincial or territorial government.

You can also mail your completed Confirmation of Enrolment document along with photocopies of two pieces of identification directly to:

National Student Loans Service Centre
P.O. Box 4030
Mississauga, Ontario
L5A 4M4

Withdrawing Early from your Studies?

If you withdraw from studies early, your "Period of Studies End Date" shown on Schedule 2 will be adjusted to the month of withdrawal and your interest-free status or interest-only status will end on the last day of the month in which you withdraw. Contact the NLSLC and your lender immediately.

You must provide the NLSLC and your previous lender with a valid Confirmation of Enrolment to continue interest-free status on full-time loans or interest-only status on part-time loans, regardless of whether you have applied for a new loan. Failure to do so as required by the CSFAR and CSLR will result in the loss of your interest-free or interest-only status and you may be required to pay interest owing.

Keep your student loans up-to-date

Ensure you retain copy 4 of your Confirmation of Enrolment - Schedule 2, for your files.

Remember, if you have a full-time and part-time loan and decide to attend school part-time, you will be required to make payments on your full-time loan, and also make interest only payments on your part-time loan(s).

If you only received a full-time loan, you will be required to start making payments six months after your last confirmed period of studies end date.