



**Délinae Got'ine Government - AADNC Student Financial Support
Form B – Student Enrolment**

| To Be Completed by Student | | | |
|----------------------------|-------|-------------------|--|
| First and Last Name: | | | |
| DOB (MM/DD/YYYY) | SIN | Student ID | |
| Telephone | Email | | |
| _____ | | _____ | |
| Student Signature | | Date (MM/DD/YYYY) | |

| To Be Completed by Education Institution | | | | | | | |
|---|--|-------------------|-----------------------|-----------------|--|--|--|
| This form is used to confirm the student's enrolment to be eligible for the DGG-AADNC Student Financial Support Program. Please return to address below or to student | | | | | | | |
| Name of Institution | | | | Name of Program | | | |
| Of a 100% course load, the student is enrolled in: 1-39% 40-59% 60-100% | | | | | | | |
| and is enrolled in: Units/Credits Hours of a possible Units/Credits Hours for this semester. | | | | | | | |
| Working towards: Certificate Diploma Degree Masters Doctorate License Other: | | | | | | | |
| Semester Enrolled: Fall Winter Spring Summer | | | | | | Enrolled in year ____ of ____ year program | |
| Number of weeks for this semester is: | | | | | | | |
| Semester Start Date: | | Semester End Date | | Tuition \$ | | Books \$ | |
| Email: | | | Phone: | | | Other fees (Explanation Required) \$ | |
| _____ | | | _____ | | | _____ | |
| Title of Official | | | Signature of Official | | | Date (MM/DD/YYYY) | |

Please Submit Form To:
Department of Education
Délinae Got'ine Government
P.O. Box 156
Délinae, NT X0E 0G0
Email: education.support@gov.deline.ca
Ph: (867) 589-3515