



**Déline Got'ine Government - AADNC Student Financial Support  
Form D – Change of Information**

<b>Student Information</b> (different from info given when first applied)			
First Name		Last Name	
Permanent Address in NT – Town		Territory/Province	Postal Code
New Address – Town/City		Territory/Province	Postal Code
Phone		Email	
Déline Beneficiary #		Dependents? Yes No How Many? _____	
<b>Educational Institution</b> (If different from previously applied)			
Institution		Program	
Location		Course Load: Part-time Full-time	
Certificate	Diploma	Degree	Masters Doctorate Apprenticeship
Learning Style: In-person		Online	
Year of Study	Semester (Fall/Winter, etc.)	Program Start Date	Program End Date
<b>Banking Information</b> (Direct Deposit)			
Branch/Institution Number:			
Transit Number:			
Account Number:			

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