



Délīnē Got'īnē Government - Student Financial Support Program

DGGR DGG-AADNC UCEPP

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 (YYYY/MM/DD)

To Be Completed by Education Institution			
This form is used to confirm the student's enrolment to be eligible for the DGG Student Financial Support Program. Please return to address below or to student			
Name of Institution		Name of Program	
Student enrolled in:	1-39%	40-59%	60-100% of a 100% course load
Working towards:	Certificate	Diploma	Degree Masters Doctorate Other:
Type of Program:	Post-secondary	Upgrading	University/College Prep
Semester Enrolled:	Fall Winter Spring Summer	Year ____ of ____ year program	
Semester Start Date:	Semester End Date	Tuition \$	Books \$
Email:	Phone:	Other fees (Explanation Required) \$	
_____ Title of Official	_____ Signature of Official	_____ Date (YYYY/MM/DD)	

Please submit application and supporting documents to:

Department of Education
Délīnē Got'īnē Government
P.O. Box 156
Délīnē, NT X0E 0G0
Email: education.support@gov.deline.ca
Ph: (867) 589-3515 ext 1110