

**Nunatsiavut Government – PSSSP
STUDENT ADDRESS AND COURSE CONFIRMATION FORM**

DO NOT...

***...Submit This Form Until After Classes Have Started For the Semester,
But By the Applicable Deadline Date for the Term***

Please remember to:

- Print Legibly
- Include full and correct mailing address of where you will be living while attending post-secondary studies.
- Check **ONE BOX** only for each of *Living Arrangements* and *Current Semester*.
- Put down your correct email address (please watch underscore vs dash, letters vs numbers...ex: 5 vs S, 0 vs O, etc).
- Write down each of the courses in which you will be registered for the current semester only, including the credit value of each course. (Please do not write down the title of course. Just write down the course name/number/credit value. For example: MATH 1000, 3 cr).
- Sign and date the form.
- Fax to 709-754-2364, or scan and email to psssp@nunatsiavut.com.

Student Name: _____		Program: _____	
		(List Undergraduate Major, if applicable)	
Institution: _____		Student #: _____	
Student's Mailing Address		Living arrangements:	
_____		<input type="checkbox"/> renting/boarded	
_____		<input type="checkbox"/> with employed parent(s)	
City/Town: _____		<input type="checkbox"/> with unemployed parent(s)	
Province: _____		<input type="checkbox"/> campus residence	
Postal Code: _____		<input type="checkbox"/> own home	
Telephone Number: (_____) _____		Current Semester:	
(Area Code)		<input type="checkbox"/> Fall (Sept-Dec)	
		<input type="checkbox"/> Winter (Jan-April)	
		<input type="checkbox"/> Spring (May-Aug)	
		<input type="checkbox"/> Intersession (May-June)	
		<input type="checkbox"/> Summer (July-Aug)	
Alternate Phone Number: (_____) _____			
(Area Code)			
E-mail Address: _____			
Registered Courses for the Current Semester/Session (list course, number and credit value)			
<u>Example: PSYC 1000 (3)</u> <u>Use separate page if there is not enough room below:</u>			
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Course Name & Number	Credit Value	On-Campus	Distance/Online/DL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Course Name & Number	Credit Value	On-Campus	Distance/Online/DL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Course Name & Number	Credit Value	On-Campus	Distance/Online/DL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Course Name & Number	Credit Value	On-Campus	Distance/Online/DL
Signature: _____		Date: _____	