

Nunatsiavut Government – EDUCATION DIVISION

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Change of Status Form

*Student Name:	*Program:	
*Student #:	*Institution: _	
*Primary Email Address:	*Phone #:	
Marital Status Change:		
The marital status on my original application □ Single □ Married □ Divorced		nmon-Law 🗆 Widowed
Please change to (please submit copy of ma	•	-
Change in Dependents: Please add:		
	as my spouse	Date of Birth:
And/or	as my dependent	Date of Birth:
Additional Dependents (if applicable):		Date of Birth:
		Date of Birth:
		Date of Birth:
*NOTE: If adding a spouse or additional dep	pendent(s), please also sub	mit a new Applicant Declaration.
Please remove:		
The following as my dependent:		Date of Birth:
Additional Dependents (if applicable):		Date of Birth:
		Date of Birth:
		Date of Birth:
My spouse is also currently being funded by	the Nunatsiavut Governme	
		□ Yes □ No
Change in Address (Hamas Camananita		
Change in Address on application:		
Original Address on application:		
New address:		

Change to:					
Change to:					
Proof of name change attached:	□ Yes	□ No			
Program of Studies/Courses Change:					
Please change: \Box # of courses from: $_$	to				
□ funding status from:					
	□ **Part time				
$\ \square$ Program within the s	ame institution	from: _		to	
□ **Institutions: From **If changing from part time to full time			to		
for funding (Sections A&B only) with th	is form.				
*Student Signature:			*Date:		
*Student Signature:			*Date:		
*Student Signature:			*Date:		
*Student Signature:			*Date:		
*Student Signature:			*Date:		
*Student Signature:			*Date:		
*Student Signature:			*Date:		
*Student Signature:				:	