

Reduced Course Load Request Form

Canada-Newfoundland and Labrador Integrated Student Financial Assistance Program

A. Student's Personal Information		
Student's First Name	Student's Last Name	Student's Social Insurance Number (SIN) XXX-XXX-
Are you completing at least 60% of a full course load? <input type="checkbox"/> Yes <input type="checkbox"/> No	Period of Study/Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Other - _____	

B. Reason for Request
Check the box which applies: <input type="checkbox"/> Single parent with a child(ren) under 12 years of age and enrolled in at least one university credit course requiring lab time. <input type="checkbox"/> Single parent with a child(ren) under 12 years of age who has special needs. <input type="checkbox"/> Single parent with a child(ren) under 12 years of age who has personal circumstance(s) which merit special consideration. (Please specify in section E on the second page). <input type="checkbox"/> Student with a medical condition or who is currently experiencing trauma. <input type="checkbox"/> Other (Please specify in section E on the second page). For each box checked, please describe in detail in section E on the second page of this form or in an attached statement, the reason(s) not being able to complete a minimum 80% of a full course load. Include in the explanation how the particular circumstance(s) warrant special consideration and include all supporting documentation (if applicable).

C. Medical Professional Declaration and Signature		
Please complete section F on the second page of this form or outline in an attachment, the student's [and/or student's child(ren)] condition/disability including how this condition limits the student's ability to complete a minimum 80% of a full course load. Note: Information submitted from the medical professional must be on official letterhead or an official stamp of the practitioner's office provided on this form.		
Is this condition expected to remain with the student [student's child(ren)] for the duration of his/her current academic year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, give expected duration:	From (YYYY/MM/DD)	To (YYYY/MM/DD)
Medical Professional's Name	Address	Area Code and Telephone Number
Medical Professional's Signature	Date	

D. Student's Declaration and Signature	
I declare I have given complete and true information on this form and understand that failure to do so may prevent me from qualifying for student financial assistance in the future.	
Student's Signature	Date

E. For the Student
Please describe in detail the reason(s) for not being able to complete a minimum 80% of a full course load. Include in the explanation how the particular circumstance(s) warrant special consideration.

F. For the Medical Professional	
Indicate the nature of the student's [and/or student's child(ren)] condition/disability. Include in the explanation how their particular circumstance(s) warrant special consideration.	
	Official Stamp of Practitioner

General Information

Students completing a minimum **60%** of a full course load are full-time students and eligible for **federal** loans and grants **only**. To be eligible for **provincial** loans and grants, a student must be completing a minimum of **80%** of a full course load.

Eligibility for **provincial** loans and grants while completing less than 80%, but greater than 60% of a full course load, is possible if there are acceptable extenuating or medical circumstances.

Eligible students with disabilities are an exception and are eligible for **federal** and **provincial** funding if they are completing a minimum 40% of a full course load.

If a request is due to medical reason(s), a medical professional who is familiar with the circumstance(s) must complete the appropriate sections of this form.

Note: Be sure to consult with the Educational Institution as they determine course load percentage. If the percentage of course load changes, students are required to submit a revised Program Cost Form to confirm unless they are attending Memorial University or Marine Institute.

Collection and Use of Information:

This personal information is collected under the authority of the **Canada Student Loans Act**, **Canada Student Financial Assistance Act**, and the **Student Financial Assistance Act, 2019** (Newfoundland and Labrador) as amended from time to time and will be used to determine and verify eligibility under the federal and provincial student financial assistance programs. For any questions about the collection and use of this information, contact the Director, Student Financial Services Division, Department of Education and Early Childhood Development, Government of Newfoundland and Labrador, P.O. Box 8700, St. John's, NL, A1B 4J6 or (709) 729-5849.