



Program Cost Form General Information

The purpose of the Program Cost form is to provide the necessary program and cost information to process Newfoundland and Labrador benefit application. This form must be completed by an official of the educational institution. Completion of this form constitutes confirmation of acceptance into the program of study and verification of costs associated with the program.

Please ensure all sections of this form are completed.

For Employment Center location and phone numbers throughout the province, please visit this link: [Employment Centers](#)

Employment and Training and Programs - Program Cost Form

Section A: Applicant Information

Last Name: _____ First Name: _____

Complete Mailing Address: _____

Phone Number: _____ Email: _____

Section B: Program Information

Program of Study: _____ Area of Specialization (if applicable): _____

The applicant will be registering in the ____ year of a ____ year program **OR** the ____ week of a ____ week program.

Level of Study (Certificate, Diploma or Degree): _____

Conditions of Acceptance (e.g. Certificate of Conduct, Medical Exam, Grade Report Status): _____

Conditions met? Yes No

Section C: Program Schedule

Do not put the generic start and end dates of the semester on this cost form if they do not apply to the student for whom this form is being completed. The dates given should be specific to the student whose name appears on this form. For example, if the program or semester normally starts in September, but the student does not start until November, then this form should have a start date of November.

Semester Number	Semester, program or course Start	Semester, program or course End	Number of Weeks	Work Term (yes or no)	Paid or Unpaid	If paid, specify weekly wage
Total						

Section D: Program Costs

Indicate all program costs below that are associated with each semester.

Semester Number	Tuition Costs	Book Costs	Health and Dental Costs	Other Course/ Instruction-related Costs (e.g., safety equipment, trade tools)
Total				

Section E: Educational Institution

Indicate the full name and mailing address of the educational institution. Official institutional stamps are accepted.

Institution name: _____

Complete Mailing Address: _____

Section F: Official Information

The Program Cost Form should be signed and dated by an authorized official, providing a telephone number, fax number, e-mail address, and the printed name of the authorized official.

Officials name: _____

Officials Title: _____

Telephone: _____ Fax: _____ Email: _____

Completion of this form indicates that this individual has been accepted into the program described above.

Signature: _____ **Date:** _____