

DECLARATION OF ATTENDANCE AT SCHOOL OR UNIVERSITY

SECTION A - TO BE COMPLETED BY STUDENT

1. Contributor's Social Insurance Number	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Contributor's Given Name and Initial	Last Name
2. Your Social Insurance Number	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Your Given Name and Initial	Last Name
3. Home Address	Home Address (No., Street, Apt., R.R.)		City
	Province or Territory	Country other than Canada	Postal Code
4. Mailing Address (If different from home address)	Mailing Address (No., Street, Apt., R.R.)		City
	Province or Territory	Country other than Canada	Postal Code
5A. Student ID Number	5B. Name of School, University, College, Junior College, Training Center, etc.		
6A. Type of Enrollment (if "Evening" or "Other", please provide an explanation in Number 8) <input type="checkbox"/> Full Time <input type="checkbox"/> Evening Time <input type="checkbox"/> Other	6B. Number of Courses	6C. Enrolled In (Specify Course, Grade or Program)	
7A. Number of hours you are required to attend per week for course, grade or programme. Hours per week ▶	7B. When did or will your current attendance begin? Year Month ▶	7C. When will your current attendance end? Year Month ▶	
8. Give duration and reasons for any absence(s) during your current and past academic year plus any additional explanation with reference to question 6A above.			
9. Have you applied for or are you receiving a Canada Pension Plan Benefit as a result of the disability or death of a contributor not identified in 1. Above?		<input type="checkbox"/> Yes <input type="checkbox"/> No ▶	Social Insurance Number of that Contributor

IT IS AN OFFENCE TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS DECLARATION

I hereby declare that, to the best of my knowledge and belief, the information given above is true and complete. I understand to notify Service Canada should I **interrupt** or **terminate** my attendance at school or university. I hereby authorize the above school or university to provide the Canada Pension Plan Administration with information regarding my enrollment and attendance.

Date	Signature of Student	Telephone Number ()
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SECTION B - TO BE COMPLETED BY SCHOOL OR UNIVERSITY

To the best of our knowledge and belief, the answers to the questions in Section A above, are correct unless otherwise stated below:
Additional Comments:

Does the above noted course load meet or exceed the minimum requirement to be considered a full-time student at your school or university? Yes No

Name and Address of School or University	Name of Authorized Person
	Signature
	Title
	Date Telephone Number ()

Service Canada delivers Human Resources and Social Development Canada (also known as Human Resources and Skills Development Canada) programs and services for the Government of Canada.