

Loan Study Plan: Part-time Studies

STUDENT ID NUMBER (if applicable)

--	--	--	--	--	--	--	--	--	--	--	--

STUDENT SOCIAL INSURANCE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Office of the Registrar, Athabasca University
1 University Drive, Athabasca, AB T9S 3A3
Toll Free in Canada/US: 1.800.788.9041
Other: 780.675.6111, Fax: 780.675.6174
www.athabascau.ca

Part-time students (individuals completing fewer than nine credits in a four-month period) may be eligible for bursaries, loans, grants, or part-time student loans.

General Information (please print)

The personal information collected on this form will be used to process your loan study plan request. This information is collected under the authority of section 33 (c) of Alberta's *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the Coordinator, Registration Services, Office of the Registrar, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3. Phone: 800.788.9041.

Student Name: _____
LAST FIRST MIDDLE

Mailing Address: _____

CITY/TOWN PROVINCE/STATE

COUNTRY POSTAL/ZIP CODE

Telephone: () ()
(AREA CODE) RESIDENCE (AREA CODE) BUSINESS

Fax/E-mail: () _____
(AREA CODE) FAX E-MAIL

Program of Study: _____

Period of Study: From _____ 20 _____ To _____ 20 _____

					OFFICE USE ONLY	
Course Name (e.g., ACCT)	Course Number (e.g., 255)	Credit Weight	Fees	Start Date	Registered	BALANCE OF FEES
FUNDED <input type="checkbox"/>						
RECEIPT NO.						
Alternative Courses:						DISBURSEMENT DATE
Total Number of Credits _____ (Maximum of nine credits over a six-month period)				Total Course Fees _____		

- I agree to remit payment for the course(s) indicated on this study plan immediately upon receipt of the bursary, grant, or part-time loan funding.
- I agree to notify Athabasca University's Office of the Registrar, and return the funding to the appropriate funding agency, should I not proceed with this registration.

Student Signature: _____

Date _____

Financial Aid Advisor: _____

Date: _____