

D. To Be Completed By The Educational Institution Complete Section D.				
Applicant's Family Name		Applicant's Given Name		
Name of the post-secondary institution		Campus college or city of this institution that the applicant will be attending		
List all individual course(s) below.				
Course Description	Course Code	Type of Instruction (e.g.: in-class/correspondence/tele-course/distance learning)	Start Date (YYYY-MM-DD)	End Date (YYYY-MM-DD)
Example: Literature and Composition	ENGL 100	Correspondence course	(YYYY-MM-DD)	(YYYY-MM-DD)
Period of Study Commencement Date (YYYY-MM-DD)	Period of Study End Date (YYYY-MM-DD)	What are the applicant's tuition and compulsory fees (do not include residence fees) for the period of study? \$	What are the applicant's book and equipment costs for the period of study? \$	
What is the applicant's percentage of a full course load? %	Number of Weeks of Study	Number of Courses per Week	What is the level of the applicant's program? <input type="radio"/> Diploma <input type="radio"/> Bachelor's Degree <input type="radio"/> Doctoral Degree <input type="radio"/> Certificate <input type="radio"/> Master's Degree	
What faculty / division is the program considered to be in?				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 20%;"><input type="radio"/> Administration / Business</div> <div style="width: 20%;"><input type="radio"/> Community Service</div> <div style="width: 20%;"><input type="radio"/> Health Sciences</div> <div style="width: 20%;"><input type="radio"/> Theology</div> <div style="width: 20%;"><input type="radio"/> Education</div> <div style="width: 20%;"><input type="radio"/> Agriculture / Related Sciences</div> <div style="width: 20%;"><input type="radio"/> Dentistry</div> <div style="width: 20%;"><input type="radio"/> Law</div> <div style="width: 20%;"><input type="radio"/> Trades</div> <div style="width: 20%;"><input type="radio"/> Arts / Sciences</div> <div style="width: 20%;"><input type="radio"/> Engineering / Technology</div> <div style="width: 20%;"><input type="radio"/> Medicine</div> <div style="width: 20%;"><input type="radio"/> Other (specify) _____</div> </div>				
Program of Study				
I certify that the above information in Section D of this application is correct.				
Name of Authorized Officer of the Educational Institution		Title		Telephone Number (999-999-9999)
Email Address of Educational Institution		Signature of Authorized Officer		Date (YYYY-MM-DD)
Address of Educational Institution				Educational Institution Code