COLLEGE OF THE NORTH ATLANTIC PROGRAM COST FORM

CNA is an educational body of the Government of Newfoundland and Labrador. CNA is, therefore, subject to the Access to Information and Protection of Privacy Act (ATIPPA). Student Services is collecting your personal information to confirm your enrolment, which you will forward to your Funding Agency to assist in processing your application for financial assistance. It will only be used for this purpose. This personal information is collected under the authority of the College Act, 1996 (SNL1996 CHAPTER C-22.1). All personal information will be stored in accordance with our normal network and information security measures. Personal information will only be disclosed as required to do so by law. For further information about the collection and use of this information please contact the Registrar at 709-643-0827. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp. All fees and dates are subject to change without notice.

The purpose of the Program Cost Form is to provide the necessary program and cost information to assist the student with his/her application for financial assistance. 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 and signed in INK.

Th	is is to Certify:												
1.	That	That(Applicant's Name)					(Student Number)			is (Social Insurance Number)			
		accepted as a full-time student in the following program of study: <u>Aircraft Maintenance Engineering Technician-Advan</u>											
	<u>Diploma</u>	a (EASA) at our	Gander cam	pus.									
2.	That the applicant will be registering in the 1st (1st, 2nd, etc.) semester of a 1 semester Advanced Diploma program												
3.	Upon co	Upon completion of the Course of Study as described above, the applicant will be awarded a (Level of Study):											
	☐ Cert	ificate	☐ Diple	oma	☐ Other (specify) Advanced Diploma								
4.	That the	e applicant's pe	eriod of study	by semes	ster for this	current aca	idemic yea	r is as follows:					
	Semester Number	Semester Start Date	Semester End Date	No. of weeks	% of full course load	Tuition Costs	Book Costs	Compulsory Fees	Supply Costs	Health & Dental Fees	Paid Work Term		
	Fall	04-Sept-18	20-Dec-18	16	100	\$726.00		\$357.00		\$381.00			
NAM	E AND ADDRESS C	OF INSTITUTION:	College of the North Atlantic Gander Campus P.O. Box 395 1 Magee Road Gander, NL A1V 1W8 www.cna.nl.ca										
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Date					ease Print)			re of Official					
Telephone Number			Fax Number				E-Mail Address						