# COLLEGE OF THE NORTH ATLANTIC
# PROGRAM COST FORM
## International Student Fees

*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.

This is to Certify:

1. That _____ (Applicant's Name) _____ (Student Number) _____ (Social Insurance Number) is

accepted as a full-time student in the following program of study: **Comprehensive Arts and Science Transition**

at our **Gander** campus.

2. That the applicant will be registering in the **1st** (1st, 2nd, etc.) year of a **1 YR** (total # of mos/yrs) program.

3. Upon completion of the Course of Study as described above, the applicant will be awarded a (Level of Study):

❒ Certificate ❒ Diploma ❒ Other (specify)_____

4. That the applicant's period of study by semester for this current academic year 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 | $3300.00 | $750.00 | $282.00 | | $529.25 | |
| Winter | 02-Jan-19 | 26-Apr-19 | 17 | 100 | $3300.00 | $650.00 | $135.00 | | | |

NAME AND ADDRESS OF INSTITUTION:

College of the North Atlantic
Gander Campus
P.O. Box 395
1 Magee Road
Gander, NL A1V 1W8
www.cna.nl.ca

**SCHEDULED HOLIDAYS FOR 2018-2019:**
October 5, October 8, November 12,
Christmas Break from December 21– January 1,
February 1, February 4,
Reading Break from March 4-8, April 19

Date _____ Name of Official (Please Print) _____ Signature of Official _____

Telephone Number _____ Fax Number _____ E-Mail Address _____