

## 2026 EDUCATIONAL INSTITUTION CONFIRMATION

### SUBMIT A COMPLETED CONFIRMATION FORM TWICE:

by February 15 for courses starting between Jan 1 – Feb 15,  
by October 15 for courses starting between Feb 16-October 15.

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#### SECTION ONE – TO BE COMPLETED BY THE STUDENT

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(mm/dd/yyyy)

#### SECTION TWO – TO BE COMPLETED BY EDUCATIONAL INSTITUTION **AFTER CLASSES HAVE BEGUN**

Name of Education Institution: \_\_\_\_\_

Term Student is Enrolled for: ☐ Fall ☐ Winter ☐ Summer ☐ Distance Ed/Online

First day of studies for this semester: \_\_\_\_\_ (mm/dd/2026)

Last day of studies for this semester: \_\_\_\_\_ (mm/dd/2026)

Course names or codes: \_\_\_\_\_

\_\_\_\_\_

Total number of courses taken this semester: \_\_\_\_\_

Total number of credit hours taken this semester: \_\_\_\_\_

☐ Undergraduate ☐ Graduate (Masters/Seminary) ☐ Post Graduate (Doctorate)

Total Amount of Tuition Costs for this semester: \$\_\_\_\_\_ (tuition costs only)

Name of Authorized Person (please print): \_\_\_\_\_

Title of Authorized Person: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Contact number: \_\_\_\_\_  
(mm/dd/2026)

Contact email: \_\_\_\_\_  
(please print)

Scan and email (preferred) to Jenn Cornwall: [credentialing@fmcic.ca](mailto:credentialing@fmcic.ca)