

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@fmcmc.ca