## **FLYING DUST FIRST NATION PSSSP Continuing Studies Notification Form**

Please submit this form one month **before the end** of the current term/semester if you plan on continuing your studies into the next term/semester. This is important as we have an active Wait List for PSSSP funding.

NAME:			
Institute attending:			
Program:			
Length of program:	Current year of studies:		
This form is for the upcoming term/semester:			
Winter Spring Summer _		Fall	
(NOTE: Only required classes will be eligible for Spring	g/Summer fo	unding; not eled	tives)
Will you be doing an internship/practicum during this r	next term/se	emester? NO	YES
What is the length of the internship/practicum?			
Are you moving for your internship/practicum?	NO	YES	
Has your address changed since the last term?		YES (please provide new address)	
**DOCUMENTATION REQUIRED:  1. Class Registration for next term/semester 2. Transcripts (once official marks have been polyanism). Tracking sheet/Program plan that is updated 4. Any documentation for change in dependent	to the most	t recent term	
Student Signature		Date	
Date application received in office:			_