

Student Declaration Of Full Time  
Attendance

I declare that I am a fulltime student as declared by the institution I am attending and as per Section 12.0 Obligations of Students of the Montreal Lake PSSSP Policy Manual.

**Student Name:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Program:** \_\_\_\_\_

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

**Date Signed:** \_\_\_\_\_

**For the Month of** \_\_\_\_\_ **of** \_\_\_\_\_

**NOTE: THIS FORM MUST BE COMPLETED AND  
RETURNED BY THE 15<sup>TH</sup> OF EACH MONTH.**

**Note: Failure to submit this form to the PSSSP Office will result in a delay in receiving your monthly student allowance. “Absolutely No Exceptions”**

They are to be filled out for the month you are in class and not for the following month.

**In September for September NOT October**

**Fax # 1(306) 663-5499**