



**DEGREE PARTNERSHIP PROGRAM – VERIFICATION OF ENROLMENT**

You may be considered to have fulfilled the requirements for full-time status when enrolled in a combined total units of at least a 60 percent course load (i.e. 9 units/credits) providing the courses are **an essential element** of your program of study and counts for credit towards your credential at Douglas College and/or Simon Fraser University (SFU).

**DECLARATION:** (Please print clearly)

I, \_\_\_\_\_ SIN: \_\_\_\_\_ am enrolled in the Degree Partnership Program offered by Douglas College and Simon Fraser University (SFU).

**SFU Student #:** \_\_\_\_\_ **Douglas College Student #:** \_\_\_\_\_

I am enrolled in the following course(s) at **Simon Fraser University (SFU)**:

Course Name (incl. number)	# of Units	% Full- Time	Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)	Tuition Fees	Books and Supplies	Final Grade or WD Date

And I am enrolled in the following course(s) at **Douglas College**:

Course Name (incl. number)	# of Units	% Full- Time	Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)	Tuition Fees	Books and Supplies	Final Grade or WD Date

I take full responsibility for ensuring that each of these courses is an essential element of my program. I will notify both Douglas College and Simon Fraser University (SFU) of any change in my enrolment status at the other school.

I understand that failure to successfully complete the course work or write the final exams within the specified time limits for the courses noted above (regardless of late start or difficulty in acquiring materials) may affect my financial assistance.

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

**Freedom of Information and Protection of Privacy**

*The information on this form is collected under the authority of the university Act (RSBC 1979, C 419) and the College and Institutes Act. This information is needed and will be used to update your student record. If you have any questions about the collection and use of this information, please contact the Financial Aid and Awards Office at Douglas College and/or Simon Fraser University (SFU).*

<b><u>Confirmation of Enrolment at SFU</u></b>	<b><u>Confirmation of Enrolment at Douglas College:</u></b>
I confirm this student is enrolled in the above course(s) at Simon Fraser University (SFU).	I confirm this student is enrolled in the above course(s) at Douglas College.
Name of official: _____	Name of official: _____
Title: _____	Title: _____
Signature: _____	Signature: _____
Date: _____	Date: _____