



APPENDIX I

LA RONGE INDIAN BAND POST SECONDARY EDUCATION



Student Contract

STUDENT NAME:

DATE OF BIRTH:

INSTITUTE:

DATE:

INSTITUTE LOCATION:

COURSE OF STUDY:

I understand the following conditions apply to my sponsorship by the Lac La Ronge Indian Band for post-secondary studies;

1. I will accept the responsibility to adhere to the Post Secondary Institution regulations and meet the standards required by the school for continuation in my course of studies.
2. I agree to attend classes regularly.
3. I agree to consult with the counsellor of my program if any problems arise academically, emotionally, physically and financially.
4. I agree to provide my marks and reports on a semester by semester basis to the Post Secondary Student Support Program office.
5. I understand that it is a serious matter to provide false information. I agree to report any changes to my student and/or program status promptly.
6. I understand that if I do not successfully complete 50% of my previous academic semester or have been required to discontinue (RTD) by my program, I must wait for one academic year (probation period) to reapply for PSSSP Assistance.
7. I understand that I have a right to appeal any decision made with respect to my application for sponsorship in accordance with Post Secondary Support Program policies.
8. **I have received and understand the LLRIB Post Secondary Student Support Program Handbook.**

I hereby agree and understand the terms/conditions for financial assistance that I have read above.

Student Signature

Date

Witness

Date