**STUDENT VERIFICATION FORM**

|  |  |
| --- | --- |
| Date: |  |
| Student’s Name: |  |
| Student Number: |  |
| School Name: |  | School Stamp: |  |
| Phone: |  |
| Contact Name: |  |
| Contact Signature: |  |
| Program Name: |  |
| Semester: |  |
| From: |  | To: |  |
| *To qualify as a full time student, for the purposes of determining rent contributions in rent-geared-to-income housing, a student must be registered for a minimum of 9 units of study equalling 9 hours a week. The course must have a minimum duration of six months during any continuous twelve-month period.* |
| Is the student registered for a minimum of 9 units of study? | [ ] Yes [ ] No |
| Does the student attend school 9 hours a week or more? | [ ] Yes [ ] No |
| What is the duration of the course? |  |
| If the course duration is less than six months does it continue next semester? | [ ] Yes [ ] No |
| If yes, when does the next session begin? |  | Duration? |  |