





Work Term (Y/N):  Paid/Non-Paid (if yes, specify weekly wage):

Work Term Start (MM/DD/YYYY):  Work Term End (MM/DD/YYYY):

**Institution and Official Information:**

Institution Name:

Campus (if applicable):

Mailing Address:

Official's Name (print):

Official's Title (print):

Telephone:  Fax:  Email:

**Completion of this form indicates that this individual has been accepted into the program as described above.**

Signature:  Date:

**General Information**

The purpose of the Program Cost Form is to provide the necessary program and cost information to process a Newfoundland and Labrador Skills Development Benefit application. This form must be completed by an official of the educational institution. Completion of this form constitutes confirmation of acceptance into the program of study and verification of costs associated with the program.

- Please ensure all sections of this form are completed.
- **Do not put the generic start and end dates of the semester on this cost form if they do not apply to the student for whom this form is being completed.** The dates given should be specific to the student whose name appears on this form. For example, if the program/semester normally starts in September, but the student does not start until November, then this form should have a start date of November.
- Indicate the full name and mailing address of the educational institution. Official institutional stamps are accepted. The Program Cost Form should be signed and dated by an authorized official, providing a telephone number, fax number, e-mail address, and the printed name of the authorized official.
- Link to Departmental Employment Offices (Fax # provided):  
[http://www.aesl.gov.nl.ca/career/employment\\_centres.pdf](http://www.aesl.gov.nl.ca/career/employment_centres.pdf)