

## CONFIRMATION OF REGISTRATION WORKSHEET

## MUST BE COMPLETED BY YOUR SCHOOL AND RETURNED IMMEDIATELY TO PREVENT FUNDING DELAYS

## Disbursement Schedule

ASN:	1013-5369-6	Institution:	Dominican University of California - San Rafael	<b>Date</b> 16-Aug-2023	<b>Type</b> ASL	<b>Amount</b> \$6,410
Last Name:	MCLEAN	Program Sess	sion: 16-Aug-2023 to 26-Jul-2024	16-Aug-2023	CSGFT	\$2,845
First Name:		Program:	Bachelor of Science in Applied Computer Science	16-Aug-2023 01-Feb-2024	CSL ASL	\$3,245 \$9,655
Birthdate:	31-Oct-1995	Specialization	: Bachelor of Science in Applied Computer Scien	0.4 = 1.000.4	CSGFT	\$2,845
School ID:	306526	Course Load:	Full Time			
App ID:	3862554					
Confirmed A	As: Yes OF	R No				
Reason	for Confirmed as 'No': Wit	hdrew or Ne	ever Attended or Dropped to Part Time Studies			
		<del></del>		_		
Confirme	ed as 'No' Effective Date (	Except for Neve	er Attended): Day Month Year	-		
Authoriza	i <b>tion:</b> Dominican Uni	versity of Cal	ifornia - San Rafael			
Authoriza	ition. Bonnincan om	versity or our	Morria Garriado			
Name and	Title of Authorized Official	(Print) Sign	ature of Authorized Official			
		()		Sch	ool Stamp o	r Seal
				\	\	
Phone			Email D	D \ MMM \ YYYY (Today's Date)		
AMEND R	EGISTRATION SECTION		lete if you have already confirmed as 'Yes' and t before the Session End Date.	he student drops	below full-	time
Amend Reg	gistration Reason: Withdre	ew or Nev	er Attended or Dropped to Part Time Studies	s or Early 0	Completion .	
Amend I	Registration Effective Date	(Except for Ne	ver Attended): Day Month Yea	r		
Authoriza	ition: Dominican Uni	versity of Ca	lifornia - San Rafael			
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Name and Title of Authorized Official (Print)			Signature of Authorized Official DD \ MMM \ YYYY (Today's Date of Authorized Official DD \ MMM \ YYYY (Today's Date of Authorized Official DD \ MMM \ YYYY (Today's Date of Authorized Official DD \ MMM \ YYYY (Today's Date of Authorized Official DD \ MMM \ YYYYY (Today's Date of Authorized Official DD \ MMM \ YYYYY (Today's Date of Authorized Official DD \ MMM \ YYYYY (Today's Date of Authorized Official DD \ MMM \ YYYYY (Today's Date of Authorized Official DD \ MMM \ YYYYY (Today's Date of Authorized Official DD \ MMM \ YYYYY (Today's Date of Authorized Official DD \ MMM \ YYYYY (Today's Date of Authorized Official DD \ MMM \ YYYYY (Today's Date of Authorized Official DD \ MMM \ YYYYY (Today's Date of Authorized Official DD \ MMM \ M \ M \ M \ M \ M \ M \ M \		te)	

## Submission Instructions:

- 1. School officials must complete and return the worksheet to the student.
- 2. Students must upload the completed worksheet to their Alberta Student Aid account.

The worksheet must be submitted within 30 days of the school's authorization/signature.

Send documents electronically:

- Visit studentaid.alberta.ca
- Login to your account
- Submit securely using Upload Electronic Document(s)
- For assistance, see: eDoc Upload FAQs