



**CERTIFICATION OF APPLICANT AS FULL TIME STUDENT**

**Name of Applicant:**

**Address of Applicant:**

I certify that the above named applicant is enrolled as a full time student at:

**Name of Educational Institution:**

**Address of Educational Institution:**

**That (name of Institution)  
is a fully accredited post secondary educational institution,**

**That (name of Applicant)  
is enrolled for the Academic Year following the official summer holiday/ vacation/  
semester break which is from**

**to .**

**Signature:** .....

**Date:** .....

**Mailing Address:**

**Phone:** ..... **Email:**

**\*\*Please attach official certificate of proof of student status  
(valid student card or other acceptable document) to this form.  
Thank you.**