

Tobique Post-Secondary Education
13100 Route 105
Tobique First Nation, NB
E7H 3Y2
Office: 506-273-5543
Fax: 506-273-5547

Email: rbernard1@outlook.com

Letter of agreement between _____

(Print Name)

And the Tobique Post-Secondary Education Program.

I hereby declare that I have discussed with the manager and am fully aware of my responsibilities as a student receiving post-secondary educational funds.

I assume full responsibility for satisfying the academic requirements of the institution of record and for managing my funding in a responsible and capable manner.

Should I voluntarily discontinue my studies, or have my academic activities discontinued by the institute attended, I will not be considered for subsequent funding until the matter is resolved with the manager of the program.

I understand that the Tobique Post-Secondary Education Program is not obligated to honor any tuition, fees and residence or other debts for which I have received payment and for which I am in default.

Note: All students are required to carry 12 credit hours per semester to be considered full-time and receive a monthly allowance, unless approved otherwise.

Student Signature _____

Date _____

Post-Secondary Manager _____

Date _____