



For MCFN students to continue receiving post-secondary education funding, MCFN Student Services requires **all** of the following information to be submitted to students@mikisewcree.ca monthly (10 days before the end of the month).

STUDENT INFORMATION

Last Name	First Name	Date of Report (MM/DD/YEAR)
Signature		

EDUCATIONAL PROGRAM DETAILS

Attendance <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Type of Program <input type="checkbox"/> Community College or University Certificate <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PhD	<input type="checkbox"/> Diploma	<input type="checkbox"/> Technical
Institution Name	Institution ID	Program	Current Semester <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring / Summer

CURRENT COURSE INFORMATION AND MONTHLY PROGRESS

Course Names and Number					Current Grade		Status <input type="checkbox"/> Enrolled <input type="checkbox"/> Withdrawn/Fail <input type="checkbox"/> Other _____
Tests	Quizzes	Participation	Projects/ Papers	Assignments	Labs	Clinical	Attendance (%)
Course Names and Number					Current Grade		Status <input type="checkbox"/> Enrolled <input type="checkbox"/> Withdrawn/Fail <input type="checkbox"/> Other _____
Tests	Quizzes	Participation	Projects/ Papers	Assignments	Labs	Clinical	Attendance
Course Names and Number					Current Grade		Status <input type="checkbox"/> Enrolled <input type="checkbox"/> Withdrawn/Fail <input type="checkbox"/> Other _____
Tests	Quizzes	Participation	Projects/ Papers	Assignments	Labs	Clinical	Attendance (%)
Course Names and Number					Current Grade		Status <input type="checkbox"/> Enrolled <input type="checkbox"/> Withdrawn/Fail <input type="checkbox"/> Other _____
Tests	Quizzes	Participation	Projects/ Papers	Assignments	Labs	Clinical	Attendance (%)

If more space for courses is needed, fill out a second form or use separate page.