



This form must be completed when the student's Start and/or End dates have changed since you submitted the Project Application.

1 Project Number: \_\_\_\_\_

2 Organization Name: \_\_\_\_\_

3 Student's Name: \_\_\_\_\_

4 Student's Start Date: \_\_\_\_\_

5 Student's Anticipated End Date: \_\_\_\_\_

6 Reason for the date change: \_\_\_\_\_

\_\_\_\_\_

**7 Sign the certification and consent**

I certify the information provided on this form is complete and accurate.

Name of Contact Person or Alternate: (please print)

\_\_\_\_\_

Signature of Contact Person or Alternate: \_\_\_\_\_

Date signed: \_\_\_\_\_

**8 Return the form to:**

Student Employment Programs  
Economic and Rural Development and Tourism  
PO Box 2311  
Halifax, NS B3J 3C8  
Or  
Fax to: (902) 424-0508  
Or  
Scan and email to: [sepinfo@gov.ns.ca](mailto:sepinfo@gov.ns.ca)

**Questions?** Call 1-800-424-5418 or (902) 424-6000