



This form must be completed when then the student's Start and/or End dates have changed since you submitted your 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 I have provided on this form is complete and accurate.

Name of Contact Person: (please print) \_\_\_\_\_

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

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

**8 Return the form to:**

Student Employment Program  
Economic and Rural Development  
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**