



**STUDENT ENROLLMENT REPORT**

**Name of training organization** \_\_\_\_\_

**MONTH** \_\_\_\_\_

*Record of students enrolled for the month.*

Name of Student	Location (if training is provided at more than one location)	Name of Program	Total Tuition fee	Start Date	End Date

*This form must be submitted to:*

Private Occupational Training  
 Department of Post-Secondary Education, Training and Labour  
 P.O. Box 6000 (500 Beaverbrook Court)  
 Fredericton, NB E3B 5H1  
 Phone Number: (506) 444-5781  
 Fax Number: (506) 444-5394

**Send once a month before the 15<sup>th</sup> of each month.**