

Part 3 – Certification for students with a disability

I certify that the student named below had a mental or physical impairment, the effects of which were such that he or she could not reasonably have been expected to be enrolled as a full-time student in a qualifying educational program as defined on the front of this form.

Student's name	Period covered: From: _____ To: _____ (Year/Month) (Year/Month)	
Your name (print)	Address	
Description of the mental or physical impairment:		
Tick (✓) whichever of the following applies to you: <input type="checkbox"/> Medical doctor <input type="checkbox"/> Optometrist <input type="checkbox"/> Audiologist <input type="checkbox"/> Occupational therapist <input type="checkbox"/> Psychologist <input type="checkbox"/> Speech-language pathologist		
_____ Sign here	() Telephone number	_____ Date

Part 4 – Student's authorization to transfer tuition and education amounts

- You can transfer your unused current-year tuition and education amounts to **one** designated individual. That individual can be either your spouse or common-law partner, your parent or grandparent, or your spouse's or common-law partner's parent or grandparent. If your spouse or common-law partner claims the spouse or common-law partner amount, or amounts transferred from your spouse or common-law partner, you cannot transfer your unused current-year amounts to your parent or grandparent or your spouse's or common-law partner's parent or grandparent.
- If you transfer unused amounts to your spouse or common-law partner, he or she has to complete **federal Schedule 2, Federal Amounts Transferred From Your Spouse or Common-Law Partner**. If he or she resided in a province or territory other than Quebec or the Yukon on December 31, he or she **must** also complete **provincial or territorial Schedule (S2), Provincial (or Territorial) Amounts Transferred From Your Spouse or Common-Law Partner**.

Designation for the transfer of an amount to a spouse or common-law partner, parent, or grandparent

I designate _____, my _____,
(Individual's name) (Relationship to you)

to claim: (1) \$ _____ on line 324 of his or her **federal Schedule 1**, or on line 360 of his or her **federal Schedule 2**, as applicable.
Federal amount

to claim: (2) \$ _____ on line 5860 of his or her **provincial or territorial Form 428**, or on line 5909 of his or her **provincial or territorial Schedule (S2)**, as applicable.
Provincial or territorial amount

Note 1: Line (1) above cannot be more than line 19 of your **federal Schedule 11**.

Note 2: If you resided in a province or territory other than Quebec or the Yukon on December 31, line (2) above cannot be more than line 19 of your **provincial or territorial Schedule (S11)**. If you resided in Quebec or the Yukon on December 31, an entry is not required on line (2) above.

Note 3: If you did not reside in the same province or territory as the designated individual on December 31, special rules may apply. For more details, call **1-800-959-8281**.

Student's signature	Social insurance number	Date
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