

# Appendix 5

## PURPOSE

If you are in receipt of StudentAid BC funding, the Appendix 5 “Transfer of School” allows you to transfer to a different school during the study period without the necessity of having to re-apply for student financial assistance.

## HOW TO COMPLETE THE APPENDIX 5

Appendix 5 is completed by:

- You;
- Your original institution; and
- Your new institution.

StudentAid BC will process the transfer and notify you accordingly of any changes to the assessment.

## WHEN SHOULD I COMPLETE AN APPENDIX 5 “TRANSFER OF SCHOOL”?

If you have already received funding from StudentAid BC for your 2018/2019 application; and  
 If your school has already confirmed your enrolment; and  
 The break between studies at your original school and your new school is **two weeks or less**; and  
 You have non-refundable tuition and book costs.

## WHEN SHOULD I COMPLETE AN APPENDIX 7 “REQUEST FOR REASSESSMENT TO CHANGE SCHOOLS”?

If you have not received loans or grant funding from StudentAid BC for your 2018/2019 application.  
 You do not have any non-refundable tuition/book costs.

## IMPORTANT!

**Contact your financial aid office if you are transferring to a different campus of the same school to determine if an Appendix 5 is required.**

**If the break in studies between your original school and your new school is more than two weeks, you are considered to have withdrawn from your original school. In order to continue to receive funding, you must submit a new full-time application. Do NOT complete this form.**

## TUITION REFUNDS

**Students who transfer schools may be eligible for a tuition refund as determined by the original school. The tuition refund should be given directly to the student to apply towards the tuition fees at the new school.**

**The deadline for submitting a completed and correct Appendix 5 is six weeks before your new study period ends.**



**NEW SCHOOL AND PROGRAM INFORMATION**

**(19) SCHOOL NAME**  
 \_\_\_\_\_  
 \_\_\_\_\_

EMAIL OF FINANCIAL AID OFFICE OR REGISTRAR'S OFFICE  
 \_\_\_\_\_

**(20) MAILING ADDRESS OF FINANCIAL AID OFFICE OR REGISTRAR'S OFFICE**  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_

**(21) CITY/TOWN**  
 \_\_\_\_\_

**(22) POSTAL / ZIP CODE**  
 \_\_\_\_\_

**(23) PROVINCE/STATE**  
 \_\_\_\_\_

AREA CODE  
 \_\_\_\_\_

TELEPHONE NUMBER (Financial Aid Office)  
 \_\_\_\_\_

AREA CODE  
 \_\_\_\_\_

FAX NUMBER (Financial Aid Office)  
 \_\_\_\_\_

**(24) COUNTRY**  
 \_\_\_\_\_

**(25) TYPE OF SCHOOL – MARK ONE**

**A** PUBLIC ACADEMIC  **B** PRIVATE ACADEMIC  **C** PUBLIC NON-ACADEMIC  **D** PRIVATE NON-ACADEMIC

**(26) PROGRAM/FACULTY**  
 \_\_\_\_\_

**(26a) MAJOR/DEPARTMENT/OPTION**  
 \_\_\_\_\_

**(27) DATE CLASSES START**  
 YEAR MONTH DAY  
 \_\_\_\_\_

**(28) DATE CLASSES END**  
 YEAR MONTH DAY  
 \_\_\_\_\_

**NEW SCHOOL END DATE CANNOT BE MORE THAN 52 WEEKS FROM ORIGINAL SCHOOL START DATE**

**(28a) TOTAL WEEKS**  
 \_\_\_\_\_

**(29) STUDENT'S INTENDED COURSE LOAD**  
 \_\_\_\_\_ %

**(30) Prior learning assessment** ..... **(30)**  YES  NO

**(31) What year will the student be in? (e.g., 1st, 2nd, 3rd, 4th, etc.)** ..... **(31)**  YEAR

**(32) How long is the program? (if less than 60 weeks, mark '1' in box.)** ..... **(32)**  YEAR(S)

**(33) Is your program being delivered online?** ..... **(33)**  YES  NO

**(34) Program type (mark one) ...**

CERTIFICATE/ CITATION	ASSOCIATE/ DIPLOMA	UNIVERSITY TRANSFER	BACHELOR	MASTER	DOCTORATE	PROFESSIONAL	UNCLASSIFIED/ QUALIFYING
<input type="checkbox"/> <b>A</b>	<input type="checkbox"/> <b>B</b>	<input type="checkbox"/> <b>C</b>	<input type="checkbox"/> <b>D</b>	<input type="checkbox"/> <b>E</b>	<input type="checkbox"/> <b>F</b>	<input type="checkbox"/> <b>G</b>	<input type="checkbox"/> <b>H</b>

**(35) Student costs: must be shown in Canadian dollars.**

<b>(a) Actual tuition. Do not deduct any sponsored tuition amount</b> .....	<b>(35a)</b>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
<b>(b) Mandatory fees. Do not include optional fees</b> .....	<b>(35b)</b>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
<b>(c) Program related costs</b> .....	<b>(35c)</b>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
<b>(d) Exceptional expenses</b> .....	<b>(35d)</b>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00

**(36) Student awards: must be shown in Canadian dollars.**

**(a) What is the total amount of merit-based scholarship(s) and needs-based bursaries the student will receive from your school** .....

**(36a)** \$            .00

<b>X</b>	<b>(37) SIGNATURE OF SCHOOL OFFICIAL</b>	<b>PRINT NAME</b>	<b>DATE SIGNED</b>	
	<b>MUST BE SIGNED</b>	<b>PRINT HERE</b>	YEAR	MONTH
			DAY	<input type="text"/>

**PERSONAL INFORMATION**

- (38) NEW STUDENT NUMBER (if known) \_\_\_\_\_
- (39) Are you a student with a permanent disability that affects your studies on a daily basis? You must meet the definition of a permanent disability to be eligible to apply for StudentAid BC permanent disability funding. (39)  YES  NO
- (40) During your study period, provide total income assistance/social assistance (welfare) and/or B.C. income assistance for persons with disabilities that you will be receiving: (40) \$            .00

**STUDY PERIOD INFORMATION**

- (41) Between the date classes start and the date classes end, will you be on a co-op/paid work term? (41)  YES  NO
- (42) While you are in school, will you be living with your parent(s)/step-parent/sponsor/legal guardian or living in a home owned or rented by them? (42)  YES  NO

**ALLOWABLE EXTRA COSTS**

- (43) Day-care costs that you incur for your child(ren) age 11 years or under. Do not include any child-care subsidy amount, only the amount you pay. Only one parent may claim these day-care costs. (43) \$            .00
- (44) Child support and/or spousal support that you pay. (44) \$            .00
- (45) If you must relocate to a different city to attend school and you will return home at least once during your study period, what is the cost of one return trip home? (45) \$            .00

**INCOME INFORMATION**

- (46) Enter your reported total income from line 150 of your 2017 Income Tax Return. (46) \$            .00  
If you did not file a 2017 Income Tax Return, enter your total income from all sources both inside AND outside of Canada. This income will be matched with Canada Revenue Agency records, which may affect your assessment of need.
- (47) Merit-based scholarships or need-based bursaries, including provincial government scholarships. (47) \$            .00
- (48) Funding you will receive, or you are contributing, to help meet specific educational costs. Include all funding you will receive or will voluntarily contribute towards your education during this study period.
  - (a) Government funding (e.g., E.I. training allowance, social assistance payments intended to cover education-related costs) (48a) \$            .00
  - (b) Non-government (private sector) funding (e.g. employer) (48b) \$            .00
  - (c) Voluntary contributions from parent(s)/step-parent/sponsor/legal guardian (48c) \$            .00

**STUDENTAID BC DECLARATION – ALL STUDENTS MUST READ, SIGN AND DATE**

This Appendix forms part of the student’s Application for student financial assistance. As such, the Student Declaration and Canada Revenue Agency Consent previously signed by the student have full legal force and effect in respect of this Appendix.

X	(49) SIGNATURE OF STUDENT (IN INK)	PRINT NAME	DATE SIGNED		
	MUST BE SIGNED	PRINT HERE	YEAR	MONTH	DAY
			<input type="text"/>	<input type="text"/>	<input type="text"/>

**Collection and use of information.** The information included in this form and authorized above is collected under ss. 26(c) and 26(e) of the *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 1996, c. 165, and under the authority of the *Canada Student Financial Assistance Act*, R.S.C. 1994, Chapter C-28 and StudentAid BC. The information provided will be used to determine eligibility for a benefit through StudentAid BC and for research, statistical and evaluation purposes. If you have any questions about the collection and use of this information, contact the Executive Director, StudentAid BC, Ministry of Advanced Education, Skills and Training, P.O. Box 9173, Stn Prov Govt, Victoria BC, V8W 9H7, telephone 1-800-561-1818 (toll-free in Canada/U.S.) or (250)-387-6100 from outside North America.

**DEADLINE**

**Your complete and correct Appendix 5 must be received by StudentAid BC at least six weeks before the new study end date.**

**CONTACT INFORMATION**

**TO REACH StudentAid BC BY PHONE:**  
**1-800-561-1818** Toll-free in Canada or USA or **(250)-387-6100** from outside North America

**EMAIL COMPLETED APPENDIX 5 TO:** [SABC.AdminUnit@gov.bc.ca](mailto:SABC.AdminUnit@gov.bc.ca)

Visit us on-line at [www.StudentAidBC.ca](http://www.StudentAidBC.ca)

**TO REACH StudentAid BC BY MAIL:**  
**StudentAid BC Mailing address:**  
P.O. Box 9173 Stn Prov Govt, Victoria BC V8W 9H7  
**Courier address:** StudentAid BC  
1st Floor, 835 Humboldt Street, Victoria BC V8V 4W8