

## CANCEL DOCUMENT(S)

STUDENT'S APPLICATION NUMBER	STUDENT'S SOCIAL INSURANCE NUMBER
STUDENT'S LAST NAME	
STUDENT'S FIRST NAME	MIDDLE INITIAI
INSTITUTION NAME	
DOCUMENT(S) ATTACHED:  PART-TII  SINDICATE DOCUMENT  INDICATE DOCUMENT  ATTACHED:	\$
REASON FOR CANCELLATION OF ATTACHED DOCUMENT(S)  Student has withdrawn and withdrawal has already been submitted.  Student has transferred	
Withdrawal date:	
Student has not attended	Reissue document
Student has attended, but did not pick up docur	ment Cancel application
A reassessment has caused a change in eligibility  Other  SPECIFY	
SIGNATURE OF SCHOOL OFFICIAL SIGN HERE	DATE SIGNED  YEAR MONTH DAY
NAME OF SCHOOL OFFICIAL	PHONE NUMBER
PRINT HERE	AREA CODE NUMBER
SCHOOL STAMP OR SEAL	StudentAid BC

Ministry of Post-Secondary Education and Future Skills

StudentAid BC

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Phone: 1-800-561-1818 (Toll Free in Canada / U.S.) +1-778-309-4621 (Outside North America)

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