



StudentAidBC

CANCEL DOCUMENT(S)

STUDENT'S APPLICATION NUMBER

STUDENT'S SOCIAL INSURANCE NUMBER

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

MIDDLE INITIAL

SCHOOL NAME

DOCUMENT(S) ATTACHED:

PART-TIME CSL

\$

INDICATE DOCUMENT AMOUNT

GRANT

\$

INDICATE CHEQUE AMOUNT

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Student has withdrawn and withdrawal has already been submitted.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 document

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

PRINT HERE

PHONE NUMBER

AREA CODE

NUMBER

SCHOOL STAMP OR SEAL

StudentAid BC

CANCEL DOCUMENT(S)

Ministry of Advanced Education
StudentAid BC
Email: SABC.AdminUnit@gov.bc.ca
Mailing Address:
PO Box 9173 Stn Prov Govt
Victoria BC V8W 9H7
250 387-6100 (outside North America)
1-800-561-1818 (Toll Free in Canada / U.S.)
Fax: 250 356-9455
Toll Free: 1-866-312-3322

Courier Address:
c/o StudentAid BC
1st flr 835 Humboldt St
Victoria BC V8V 4W8