



CERTIFICATE 3
CONTINUATION OF INTEREST-FREE STATUS
FOR GRANT OVERAWARDS

See instructions on Page 2

CONFIRMATION OF ENROLMENT (TO BE COMPLETED BY ELIGIBLE EDUCATIONAL INSTITUTION)

STUDENT INFORMATION

The space below is designed to accept the student's name and address for a standard window envelope. Please include the student's last name first, followed by the first name and initials, and the student's complete mailing address.

DATE OF BIRTH grid with columns for Y, Y, Y, Y, M, M, D, D

STUDENT'S SOCIAL INSURANCE NUMBER

Social Insurance Number grid

PREVIOUS LAST NAME (IF NAME CHANGED) and TELEPHONE NUMBER fields

NAME AND ADDRESS OF CONTACT PERSON (OTHER THAN SPOUSE)

NAME AND ADDRESS OF ELIGIBLE EDUCATIONAL INSTITUTION

This is to confirm that the above-named is enrolled at this institution in at least 60 per cent (40 per cent for students with permanent disabilities) of a full course load of studies at the post-secondary level in the period of study ending in the month indicated at the right.

NAME OF OFFICIAL, TITLE, TELEPHONE NUMBER, and SIGNATURE OF OFFICIAL fields

VALID ONLY FOR 45 DAYS AFTER THIS DATE BUT NOT BEYOND END DATE OF CURRENT STUDY PERIOD

EDUCATIONAL INSTITUTION CODE

Educational Institution Code grid

START DATE OF CURRENT STUDY PERIOD

Start Date grid

END DATE OF CURRENT STUDY PERIOD

End Date grid

DATE SIGNED

Date Signed grid

DECLARATION (TO BE COMPLETED BY THE STUDENT)

I hereby declare that I am enrolled at the above-named institution in at least 60 per cent (40 per cent for students with permanent disabilities) of a full course load of post-secondary studies in the period ending in the month indicated above. In addition, I acknowledge that information about any student loan disbursed to me as a result of the application for student assistance may/will be reported on a regular basis to a credit agency from the time of negotiation until the loan is repaid in full. I further declare that the above information is true and correct.

EFFECTIVE DATE OF THIS TRANSACTION

Effective Date grid

SIGNATURE OF STUDENT

PURPOSE OF THE CERTIFICATE 3 FORM

This form is to be used by students who are in a grant overaward situation and wish to request the continuation of interest-free status for their grant overaward(s) while they are enrolled in full-time studies. The Certificate 3 must be completed by the student's educational institution and the student must submit this form to StudentAid BC before the grant overaward is due and payable (the first day of the seventh month after their full-time studies end).

INSTRUCTIONS TO THE STUDENT

1. Take this form to your school for completion of the Confirmation of Enrolment section. Mail one copy to StudentAid BC, and retain one copy for your records.

Note: The Certificate 3 must be received by StudentAid BC within 45 days of the date signed by the school and before the study period end date indicated by the school, otherwise the Certificate will not be valid.

2. If you withdraw prior to the period of study end date that is indicated on this Certificate 3, you must notify StudentAid BC of your early withdrawal immediately.
3. If you change your address or name, you must notify your school and StudentAid BC within 15 days.
4. Grant overawards can only be set aside by appeal

INSTRUCTIONS TO THE SCHOOL

1. Enrolment may be confirmed only if the student is currently enrolled in at least 60 per cent (40 per cent for students with an approved permanent disability) of a full course load for credit and leading towards a certificate, diploma or degree.
2. Enrolment may not be confirmed after the current study period end date on this form, under any circumstances.
3. If the student withdraws from a program of study, or drops below 60 per cent (40 per cent for students with an approved permanent disability) of a full course load, notify StudentAid BC immediately.

Collection and use of information. The information included in this form and authorized above is collected under Sections 26c and 26e of the *Freedom of Information and Protection of Privacy Act*, 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 statistical and evaluation purposes. If you have any questions about the collection and use of this information, contact the Director, StudentAid BC, Ministry of Advanced Education, PO Box 9173, Stn Prov Govt, Victoria B.C., V8W 9H7, telephone 1-800-561-1818 (toll-free in Canada/U.S.) or (250)-387-6100 from outside North America.