

#### CERTIFICATE 3 CONTINUATION OF IN-STUDY PAYMENT-FREE STATUS FOR GRANT OVERAWARDS

### See instructions on Page 2

STUDENT INFORMATION         The space boldwise designed to account the student's name and address for a standard window envolved. Please includes         Image: Standard St	CONFIRMATION OF ENROLMENT (TO BE COMPLETED BY ELIGIBLE EDUCATIONAL INSTITUTION)				
C       Y       Y       Y       Y       M       D       D         J       T       SCAL INSURANCE MUMBER       Image: Social Insurance mumber       Image: Social Insurance mumber         PREVIOUS LAST NAME (IF NAME CHANGED)       TELEPHONE NUMBER       Image: Social Insurance mumber       Image: Social Insurance mumber         MME AND ADDRESS OF CONTACT PERSON (OTHER THAN SPOUSE)       Image: Social Insurance mumber       Image: Social Insurance mumber         NAME AND ADDRESS OF ELIGIBLE EDUCATIONAL INSTITUTION       Image: Social Insurance mumber       Image: Social Insurance mumber         NAME OF OFFICIAL       Image: Social Insurance mumber       Image: Social Insurance mumber       Image: Social Insurance mumber         Start DATE OF CURBENT STUDY PERSON       Image: Social Insurance mumber       Image: Social Insurance mumber       Image: Social Insurance mumber         MME OF OFFICIAL       Image: Social Insurance mumber       Image: Social Insurance mumber       Image: Social Insurance mumber       Image: Social Insurance mumber         Start DATE OF CURBENT       Image: Social Insurance mumber       Image: Social Insurance mumber       Image: Social Insurance mumber       Image: Social Insurance mumber         TILE       Image: Social Insurance mumber	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.				
PREVIOUS LAST NAME (IF NAME CHANGED)       TELEPHONE NUMBER         ( )       -         NAME AND ADDRESS OF CONTACT PERSON (OTHER THAN SPOUSE)         Image: transmitted in the above named is enrolled at the institution in at least 60 per cent (40 per cent for students with a permanent disability of a full course load of studes at the post-scondary level in the period of stude         TITLE       NAME OF OFFICIAL         TITLE       VILIPORY VPOR 40 GMRS AFTER DET OF CURRENT STUDY PERIOD         SIGNATURE OF OFFICIAL       VILIPORY VPOR 40 GMRS AFTER DET OF CURRENT STUDY PERIOD         DECLARATION (TO BE COMPLETED BY THE STUDY PERIOD)       Image: Stand of students with a permanent disability of a full course load of studes at the post-scondary level in the period of students with a permanent disability or a persistent or prolonged disability of a full course load of studes at the post-scondary level in the period of students with a permanent disability or a persistent or prolonged disability or a full course load of post-scondary level in th			D D		
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 a permanent disability, or a persistent or prolonged disability of a full course load of studies at the post-secondary level in the period of study enring in the month indicated at the right.       START DATE OF CURRENT STUDY PERIOD         NAME OF OFFICIAL       VALID ONLY FOR 45 DAYS AFTER       M       M       D       D         TELEPHONE NUMBER       VALID ONLY FOR 45 DAYS AFTER       M       M       D       D         SIGNATURE OF OFFICIAL       VALID ONLY FOR 45 DAYS AFTER       M       M       D       D         This bit or COMPLETED BY THE STUDENT)       DECLARATION (TO BE COMPLETED BY THE STUDENT)       M       M       D       D         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.       If y y y y       M       M       D       D         SIGNATURE OF STUDENT       SIGNATURE OF STUDENT       If y y y y       M       M       D       D	PREVIOUS LAST NAME (IF NAME CHANGED) TELEPHON ()			EDUCATIONAL INSTITUTION CODE	
disability or a persistent or prolonged disability of a full course load of studies at the post-secondary level in the period of study       START DATE OF CURRENT STUDY PERIOD         NAME OF OFFICIAL       Image: start display in the month indicated at the right.         TITLE       Image: start display in the month indicated at the right.         SIGNATURE OF OFFICIAL       VALID ONLY FOR 45 DAYS AFTER THIS DATE BUT NOTE BUT NOTE BUT NOTE BUT NOTE BUT NOTE WIT NOT BEY NOTE NOT	NAME AND ADDRESS OF ELIGIBLE EDUCATIONAL INSTITUTION				
TITLE         TELEPHONE NUMBER         ( )         SIGNATURE OF OFFICIAL         VALID ONLY FOR 45 DAYS AFTER         M M         M M         D         D         Date SIGNATURE OF OFFICIAL         VALID ONLY FOR 45 DAYS AFTER         M M         M M         D         D         Date SIGNATURE OF OFFICIAL         VALID ONLY FOR 45 DAYS AFTER         M M         D D         DATE OF CURRENT STUDY PERIOD         DECLARATION (TO BE COMPLETED BY THE STUDENT)         I hereby declare that 1 am enrolled at the above-named institution in at least 60 per cent (40 per cent for students with a permanent disability, or a persistent or prolonged disability) 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.         SIGNATURE OF STUDENT	disability, or a persistent or prolonged disability) of a full course load of studies at the post-se				
TELEPHONE NUMBER       Image: Constraint of the state of					
( )         SIGNATURE OF OFFICIAL         YALD ONLY FOR 45 DAYS AFTER THIS DATE BUT NOT BEYOND END DATE OF CURRENT STUDY PERIOD         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 a permanent disability, or a persistent or prolonged disability) 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 Y Y Y Y         SIGNATURE OF STUDENT					
SIGNATURE OF OFFICIAL       VALID ONLY FOR 45 DAYS AFTER THE DATE BUT NOT BEYOND DATE BUT NOT BEYOND DATE OF CURRENT STUDY PERIOD       Image: Comparison of the	( )				
I hereby declare that I am enrolled at the above-named institution in at least 60 per cent (40 per cent for students with a permanent disability, or a persistent or prolonged disability) 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         SIGNATURE OF STUDENT       Y	SIGNATURE OF OFFICIAL	THIS DATE BUT NOT BEYOND END	⇒		
students with a permanent disability, or a persistent or prolonged disability) 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.         SIGNATURE OF STUDENT	DECLARATION (TO BE COMPLETED BY THE STUDENT)				
	students with a permanent disability, or a persistent or prolonged disability) 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				

Mailing Address: PO Box 9173 Stn Prov Gov Victoria BC V8W 9H7

## 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 their payment is deferred 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 a permanent disability, or a persistent or prolonged 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 a permanent disability, or a persistent or prolonged 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 Post-Secondary Education and Future Skills, PO Box 9173, Stn Prov Govt, Victoria B.C., V8W 9H7, telephone 1-800-561-1818 (toll-free in Canada/U.S.) or +1-778-309-4621 from outside North America.