

EARLY COMPLETION OF STUDIES NOTIFICATION



StudentAidBC

This notification is to be completed by the post-secondary institution's financial aid officer identifying a student who have received StudentAid BC funding for a particular study period and who have completed their study period early.

As the student is completing studies early, please complete the Institution and Program Information on the reverse of this form, indicating the revised study period end date. Please advise the student to complete an Appendix 7: Request for Reassessment to indicate any changes due to the reduced study period.

STUDENT'S APPLICATION NUMBER

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STUDENT'S SOCIAL INSURANCE NUMBER

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STUDENT'S LAST NAME

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STUDENT'S FIRST NAME

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MIDDLE INITIAL

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INSTITUTION NAME

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ORIGINAL STUDY END DATE

YEAR				MONTH		DAY	

EARLY COMPLETION OF STUDY DATE

YEAR				MONTH		DAY	

SIGNATURE OF INSTITUTION OFFICIAL

SIGN HERE

DATE SIGNED

YEAR				MONTH		DAY	

NAME OF INSTITUTION OFFICIAL

PRINT HERE

PHONE NUMBER

AREA CODE				NUMBER					

INSTITUTION STAMP OR SEAL

StudentAid BC

EARLY COMPLETION OF STUDIES NOTIFICATION

Ministry of Advanced Education
StudentAid BC

Mailing Address:
PO Box 9173 Stn Prov Govt
Victoria BC V8W 9H7
250 387-6100 (Victoria)
604 660-2610 (Lower Mainland)
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
1106 Cook Street
Victoria BC V8V 3Z9

Early Completion of Studies Notification Institution and Program Information



StudentAidBC

SECTION A – STUDENT: COMPLETE SECTION ‘A’

(01) STUDENT’S LAST NAME

(02) STUDENT’S FIRST NAME

MIDDLE INITIAL

(03) STUDENT’S SOCIAL INSURANCE NUMBER

(04) STUDENT’S APPLICATION NUMBER

(05) STUDENT NUMBER (IF KNOWN)

SECTION B – TO BE COMPLETED BY AN OFFICIAL OF THE FINANCIAL AID OFFICE OR REGISTRAR’S OFFICE ONLY

(06) INSTITUTION NAME

(07) EMAIL ADDRESS OF FINANCIAL AID OFFICE OR REGISTRAR’S OFFICE

(08) MAILING ADDRESS OF FINANCIAL AID OFFICE OR REGISTRAR’S OFFICE

(10) CITY/TOWN

(11) POSTAL/ZIP CODE

(12) PROVINCE/STATE

(13) COUNTRY

(14) PHONE NUMBER
 -

(15) FAX NUMBER
 -

(14) TYPE OF INSTITUTION – MARK ONE
 A PUBLIC ACADEMIC B PRIVATE ACADEMIC C PUBLIC NON-ACADEMIC D PRIVATE NON-ACADEMIC

(15) PROGRAM/FACULTY

(16) MAJOR/DEPARTMENT (IF APPLICABLE)

(17) CLASSES START (YEAR MONTH DAY) (18) CLASSES END (YEAR MONTH DAY) (19) TOTAL WEEKS (20) STUDENT’S INTENDED COURSE LOAD % (20a) PRIOR LEARNING ASSESSMENT (PLA) YES NO

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

(22) How long is the program? (If less than one year, mark '1' in box)

(23) Is this a correspondence/distance education program?

(24) Program type (mark one)
 A CERTIFICATE B ASSOCIATE/DIPLOMA C UNIVERSITY/TRANSFER D BACHELOR E MASTER F DOCTORATE G PROFESSIONAL H UNCLASSIFIED/QUALIFYING

(25) Total costs: **Must be shown in Canadian dollars.**

(a) Actual tuition and fees. Do not deduct any sponsored tuition amount..... (25a) \$.

(b) Actual books, instruments and supplies..... (25b) \$.

(c) Compulsory trips and practicums..... (25c) \$.

(26) Student awards: **Must be shown in Canadian dollars.**

(a) What is the amount of scholarship(s) the student will receive from your institution? (26a) \$.

(b) What is the amount of bursaries the student will receive from your institution? (26b) \$.

(c) What is the amount of teaching/research assistantship income the student will receive from your institution? ... (26c) \$.

(d) What is the amount of institutional funded employment program income the student will receive from your institution?..... (26d) \$.

(27) SIGNATURE OF INSTITUTION OFFICIAL (28) DATE SIGNED
 YEAR MONTH DAY

MUST BE SIGNED **PRINT HERE**