

Ministry of Post-Secondary Education and Future Skills

Email: StudentAidBC@gov.bc.ca

PO Box 9173 Stn Prov Govt Victoria BC V8W 9H7

(Toll Free in Canada / U.S.)

(Outside North America)

StudentAid BC

Mailing Address:

+1-778-309-4621

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

Phone: 1-800-561-1818

EARLY COMPLETION OF STUDIES NOTIFICATION

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 SOCIAL INSURANCE NUMBER

December 2022

STUDENT'S APPLICATION NUMBER

STUDENT'S LAST NAME	
STUDENT'S FIRST NAME	MIDDLE INITIA
INSTITUTION NAME	
ORIGINAL STUDY END DATE YEAR MONTH DAY	EARLY COMPLETION OF STUDY DATI
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 Institution and Program Information



ECTION A – STUDENT: COMPLETE SECTION 'A'		
01) STUDENT'S LAST NAME		(03) STUDENT'S SOCIAL INSURANCE NUMBER
(20) OTUPENTO FIRST NAME		(0.4) OTUDENTIO APPLICATION NUMBER
02) STUDENT'S FIRST NAME		(04) STUDENT'S APPLICATION NUMBER
		(05) STUDENT NUMBER (IE KNOWN)
MIDDLE INITIAL (05) STUDENT NUMBER (IF KNOWN)		
ECTION B – TO BE COMPLETED BY AN OFFICIAL C	OF THE FINANCIAL AID C	OFFICE OR REGISTRAR'S OFFICE ONLY
06) INSTITUTION NAME		(09) INSTITUTION CODE
07) EMAIL ADDRESS OF FINANCIAL AID OFFICE OR REGISTRAR'S OFFICE		PROGRAM CODE
		Visit <u>www.StudentAidBC.ca</u> to find codes
08) MAILING ADDRESS OF FINANCIAL AID OFFICE OR REG	STRAR'S OFFICE	OFFICIAL STAMP OR SEAL OF INSTITUTION
		STAMP/SEAL HERE
10) CITY/TOWN (11) PC	STAL/ZIP CODE	STANIF/SLAL TILKL
12) PROVINCE/STATE PHONE N	IUMBER	FAX NUMBER
	J'	
(13) COUNTRY (14) TYPE OF INSTITUTION – MARK ONE A PUBLIC B PRIVATE ACADEMIC C PUBLIC NON-ACADEMIC D PRIVATE ACADEMIC D PRIVATE		
(15) PROGRAM/FACULTY (16) MAJOR/DEPARTMENT (IF APPLICABLE)		
17) CLASSES START (18) CLASSES END	(19) TOTAL (20) ST	UDENT'S INTENDED (20a) PRIOR LEARNING
YEAR MONTH DAY YEAR MONTH DAY WEEKS COURSE LOAD ASSESSMENT (PL/		
(21) What year will the student be in? (e.g., 1 st , 2 nd , 3 rd , 4 th , etc.)		
(22) How long is the program? (If less than one year, mark '1' in box)		
(23) Is this a correspondence/distance education program?		
	/ERSITY/	UNCLASSIFIE
24) Program type (mark one)	NSFER BACHELOR MAS	STER DOCTORATE PROFESSIONAL QUALIFYING E F G H
25) Total costs: Must be shown in Canadian dollars.		
•	ion amount	(25a) \$.00
		· ·
(c) Compulsory trips and practicums		· ·
		(230) \$.0
26) Student awards: Must be shown in Canadian dollars. (a) What is the agreement of set clerebin(s) the attribute student will receive from your institution?		
(a) What is the amount of scholarship(s) the student will receive from your institution?		
(b) What is the amount of bursaries the student will receive from your institution?		
(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?		
	1	(28) DATE SIGNED
(27) SIGNATURE OF INSTITUTION OFFICIAL	PRINT NAME	` '
MUST BE SIGNED	PRINT HER	