# Part-Time Studies Notification

## STUDENT INFORMATION

<table>
<thead>
<tr>
<th>LEGAL LAST NAME</th>
<th>SOCIAL INSURANCE NUMBER</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>LEGAL FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>APPLICATION NUMBER (IF KNOWN)</th>
</tr>
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<tbody>
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## TO BE COMPLETED BY THE SCHOOL

This section is to be completed by the financial aid officer to inform StudentAid BC of any of these circumstances:

2. Study period change: Withdrawal from part-time studies, early completion, transfer, increased course load to full-time, or unsuccessful completion.

## PART-TIME STUDY PERIOD INFORMATION

<table>
<thead>
<tr>
<th>SCHOOL CODE</th>
<th>SCHOOL NAME</th>
<th>ORIGINAL STUDY PERIOD:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>ORIGINAL STUDY START DATE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ORIGINAL STUDY END DATE</td>
</tr>
</tbody>
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## CANCEL DOCUMENT: Provide reason and attach document

- [ ] Student has not attended
- [ ] Student has transferred
- [ ] Student attended, but did not pick up document
- [ ] Other: ____________________________________
- [ ] A reassessment has caused change in eligibility

## STUDY PERIOD UPDATE: Withdrawal - Early Completion - Unsuccessful Completion

**CHECK ONLY ONE:**

- [ ] a. Student did not successfully complete all funded courses. If student withdrew, provide withdrawal date.
- [ ] b. Student withdrew at end of first term (provide end date).
- [ ] c. Student successfully completed studies early (provide end date).
- [ ] d. Student increased course load to full-time (provide end date).

Provide dates:

- **START DATE**
  - [ ] YEAR
  - [ ] MONTH
  - [ ] DAY

- **DATE LAST ATTENDED PART-TIME STUDIES**
  - [ ] YEAR
  - [ ] MONTH
  - [ ] DAY

## SIGNATURE OF SCHOOL OFFICIAL

<table>
<thead>
<tr>
<th>SIGN HERE</th>
<th>DATE SIGNED</th>
<th>PHONE NUMBER (including area code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGNATURE OF SCHOOL OFFICIAL</td>
<td>DATE SIGNED</td>
<td>PHONE NUMBER</td>
</tr>
</tbody>
</table>

**Ministry of Advanced Education, Skills and Training**

**StudentAid BC**

Email: SABC.AdminUnit@gov.bc.ca

Mailing Address:

PO Box 9173 Stn Prov Govt
Victoria BC V8W 9H7

Phone: 1-800-561-1818
(Toll Free in Canada / U.S.)
250 387-6100 (Outside North America)

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

**StudentAid BC**

STAMP OR SEAL

March 2019