Age Exception Attestation Form

Full name of the Provincial Tuition Waiver Program applicant:

______________________________________________

Applicant’s date of birth: _________-_______-_______

I, the undersigned, confirm that I am engaged in one of the professions referenced in Schedule A (see page 2), and attest I have met with the applicant and understand their individual circumstances, either through interview or relationship to the applicant, well enough to complete this form.

I therefore attest that:

The applicant whose information appears above has experienced the following exceptional circumstances which have led to a delay in attending post-secondary: (select all that apply)

□ Applicant’s health was compromised (illness or injury).

□ Applicant was the primary caregiver for a dependant with significant support needs or whose health was compromised (illness or injury).

□ Personal emergency (e.g., death, illness, or injury of someone in the applicant’s support network).

□ Applicant was unavailable to attend post-secondary due to being detained (e.g., participating in an inpatient program, incarcerated, etc.).

□ Other Exceptional Circumstance (if selecting this option, provide a brief explanation of exceptional circumstances below. To be considered exceptional, the circumstance must have been unexpected and beyond the control of the applicant):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
I certify, to the best of my knowledge, the information provided on this form represents accurate and current information and the person herein identified as the applicant has experienced the exceptional circumstances I have indicated:

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<th>Name of Certifying Assessor:</th>
<th>Profession of Certifying Assessor:</th>
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<td>Email Address:</td>
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<tr>
<td>Signature:</td>
<td>Date (Year/Month/Day):</td>
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**If Profession is not listed in Schedule A:**
Please provide a brief description of qualifications and experience in related field:

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Please submit completed form to BCPTWPSystemNavigator@gov.bc.ca

**Schedule A**

**Instructions to the Certifying Assessor**

To approve an exception to eligibility criteria in the age category, the Provincial Tuition Waiver Program with the British Columbia Ministry of Post-Secondary Education and Future Skills, must receive a completed attestation from a third party qualified assessor, confirming that he/she/they have met with the Provincial Tuition Waiver Program applicant and understand the applicant's individual circumstances, either through interview with the applicant or relationship to the applicant, well enough to complete the form.

For the purposes of completing this Attestation Form, a qualified assessor must be engaged in one of the following professions:

- Social Worker
- Social Work Assistant
- Community Living BC Facilitator
- Medical Doctor
- Nurse Practitioner
- Registered Clinical Counsellor
- School Counsellor
- Teacher (K-12)
- Educational Assistant (K-12)
- Post-Secondary Professor
- Ministry of Social Development and Poverty Reduction Employment and Assistance Worker
- Indigenous Student Advisors / Coordinators
- Foster Parents
- Psychologist
- Psychiatrist
- Post-Secondary Campus Navigator
- Post-Secondary Institution Financial Aid Officer
- Post-Secondary Accessibility Coordinator
- Post-Secondary Institution Professor/Instructor
- Mental Health Worker
- Youth Justice Worker
- Probation Officer
- Community/Youth Support Worker

For other professions not listed above in a related field (related fields include human services, health, etc.), please provide a brief written description of qualifications/experience.