



StudentAidBC

UNSUCCESSFUL COMPLETION OF FULL-TIME STUDIES NOTIFICATION

Instructions to school:

Please complete this form to identify a student who has not fully completed a study period/semester/term and has not written and/or passed course exams for the same study period/semester/term.

STUDENT'S APPLICATION NUMBER

STUDENT'S SOCIAL INSURANCE NUMBER

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

MIDDLE INITIAL

STUDY PERIOD START DATE

STUDY PERIOD END DATE

REASON FOR UNSUCCESSFUL COMPLETION:

GRADES: YES (attach statement of grades) NO

ATTENDANCE YES NO

OTHER: _____

<p>SIGNATURE OF SCHOOL OFFICIAL</p> <p style="text-align: center;">SIGN HERE</p>	<p>DATE SIGNED</p> <input type="text"/>
<p>NAME OF SCHOOL OFFICIAL</p> <p style="text-align: center;">PRINT HERE</p>	<p>PHONE NUMBER</p> <input type="text"/>

SCHOOL STAMP OR SEAL

StudentAid BC

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Ministry of Advanced Education
StudentAid BC
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PO Box 9173 Stn Prov Govt
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