



StudentAidBC

Part-Time Studies Notification

STUDENT INFORMATION

LEGAL LAST NAME

SOCIAL INSURANCE NUMBER

LEGAL FIRST NAME

MIDDLE INITIAL

APPLICATION NUMBER (IF KNOWN)

TO BE COMPLETED BY THE SCHOOL

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

- 1) Cancellation: Part-time Certificate of Eligibility, or Supplemental Bursary for Students with Disabilities cheque .
- 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

SCHOOL CODE

SCHOOL NAME

ORIGINAL STUDY PERIOD:

ORIGINAL STUDY START DATE

YEAR

MONTH

ORIGINAL STUDY END DATE

YEAR

MONTH

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 dropped below 20% of course load (provide end 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)
- e. Unsuccessful completion (no dates required if it applies to the full study period)

Provide dates:

START DATE

YEAR

MONTH

DAY

DATE LAST ATTENDED PART-TIME STUDIES

YEAR

MONTH

DAY

SIGNATURE OF SCHOOL OFFICIAL

SIGN HERE

DATE SIGNED

YEAR

MONTH

DAY

NAME OF SCHOOL OFFICIAL

PRINT HERE

PHONE NUMBER (including area code)

Mailing Address:

PO Box 9173 Stn Prov Govt
Victoria BC V8W 9H7

Courier Address:

835 Humboldt Street.
Victoria BC V8V 4W8

Contact Us

1-800-561-1818 (Toll-free in Canada/USA)
(250) 387-6100 (outside of North America)
FAX: (250) 356-9455
Toll Free FAX: 1-866-312-3322

SCHOOL STAMP OR SEAL

StudentAid BC