

PURPOSE

If you have received StudentAid BC funding, the Appendix 5 “Transfer of School” allows you to transfer to a different school during the study period without having to re-apply for student financial assistance.

HOW TO COMPLETE THE APPENDIX 5

Appendix 5 is completed by:

- You;
- Your original institution; and
- Your new institution.

StudentAid BC will process the transfer and notify you accordingly of any changes to the assessment.

WHEN SHOULD I COMPLETE AN APPENDIX 5 “TRANSFER OF SCHOOL”?

If you have already received funding from StudentAid BC for your 2022/2023 application; and
If your school has already confirmed your enrolment; and
The break between studies at your original school and your new school is **two weeks or less**; and
You have non-refundable tuition and book costs.

WHEN SHOULD I COMPLETE AN APPENDIX 7 “REQUEST FOR REASSESSMENT TO CHANGE SCHOOLS”?

If you have not received loans or grant funding from StudentAid BC for your 2022/2023 application.

You do not have any non-refundable tuition/book costs.

IMPORTANT!

Contact your financial aid office if you are transferring to a different campus of the same school to determine if an Appendix 5 is required.

If the break in studies between your original school and your new school is more than two weeks, you are considered to have withdrawn from your original school. In order to continue to receive funding, you must submit a new full-time application. Do NOT complete this form.

SUBMISSION INSTRUCTIONS

Email completed Appendix 5 to StudentAidBC@gov.bc.ca.
OR upload signed Appendix 5 to your Dashboard account.

TUITION REFUNDS

Students who transfer schools may be eligible for a tuition refund as determined by the original school. The tuition refund should be given directly to the student to apply towards the tuition fees at the new school.

The deadline for submitting a completed and correct Appendix 5 is six weeks before your new study period ends.

Appendix 5



TRANSFER OF SCHOOL



StudentAidBC

What is your original 2022/2023 application number?

2	0	2	2							
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(Questions must be answered in ink)

Only answer questions (in ink) where the information is now different from your original full-time application. Ensure you sign and date the Declaration.

PERSONAL INFORMATION

(1) LAST NAME NOTE: Your last name MUST match the name on your Social Insurance Number card/letter

SOCIAL INSURANCE NUMBER											

(2) FIRST NAME NOTE: Your first name MUST match the name on your Social Insurance Number card/letter

(3) MIDDLE NAME _____

(4) MAILING ADDRESS _____

Apt./suite Street Number and Street Name/PO Box

(5) _____

Use this line for any part of your address not indicated above

(6) CITY/TOWN _____

(7) COUNTRY _____

(8) PROVINCE/STATE _____ (11) POSTAL/ZIP CODE _____

(9) AREA CODE TELEPHONE NUMBER
 () -

(10) E-MAIL ADDRESS: Notifications will be sent to this address _____

IS THIS A CHANGE OF ADDRESS?

YES NO

(12) PROGRAM/FACULTY AT NEW SCHOOL

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(13) MAJOR/DEPARTMENT/OPTION AT NEW SCHOOL

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ORIGINAL SCHOOL INFORMATION

TO BE COMPLETED BY AN OFFICIAL AT YOUR ORIGINAL SCHOOL

(14) NAME OF SCHOOL

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(15) Did the student attend your school? YES NO

I confirm that the student had been attending full-time studies for the period indicated below (include Christmas and/or spring break if the student attended the full semester):

(16) START DATE AT ORIGINAL SCHOOL DATE STUDENT LAST ATTENDED (17) TOTAL AMOUNTS PAID DURING THIS PERIOD OF FULL-TIME STUDIES

YEAR			MONTH			DAY			YEAR			MONTH			DAY			NON-REFUNDABLE TUITION				BOOKS AND SUPPLIES									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00

X	(18) SIGNATURE OF SCHOOL OFFICIAL	NAME OF SCHOOL OFFICIAL	DATE SIGNED		
	MUST BE SIGNED	PRINT HERE	YEAR	MONTH	DAY
			<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHOOL OFFICIAL TELEPHONE NUMBER AREA CODE TELEPHONE NUMBER
 () -

OFFICIAL STAMP OR SEAL OF SCHOOL

NOTE: If the break in studies from original school to new school is more than two weeks, do not complete Appendix 5. Please submit a withdrawal notification to StudentAid BC.

MINISTRY USE ONLY

NEW SCHOOL AND PROGRAM INFORMATION

(19) SCHOOL NAME

[Grid for school name]

EMAIL OF FINANCIAL AID OFFICE OR REGISTRAR'S OFFICE

[Grid for email address]

(20) MAILING ADDRESS OF FINANCIAL AID OFFICE OR REGISTRAR'S OFFICE

[Grid for mailing address]

[Grid for mailing address]

(21) CITY/TOWN

[Grid for city/town]

(22) POSTAL / ZIP CODE

[Grid for postal/zip code]

(23) PROVINCE/STATE

[Grid for province/state]

AREA CODE

[Grid for area code]

TELEPHONE NUMBER (Financial Aid Office)

[Grid for telephone number]

AREA CODE

[Grid for area code]

FAX NUMBER (Financial Aid Office)

[Grid for fax number]

(24) COUNTRY

[Grid for country]

(25) TYPE OF SCHOOL – MARK ONE

A PUBLIC ACADEMIC

B PRIVATE ACADEMIC

C PUBLIC NON-ACADEMIC

D PRIVATE NON-ACADEMIC

(26) PROGRAM/FACULTY

[Grid for program/faculty]

(26a) MAJOR/DEPARTMENT/OPTION

[Grid for major/department/option]

(27) DATE CLASSES START

[Grid for date classes start]

(28) DATE CLASSES END

[Grid for date classes end]

NEW SCHOOL END DATE CANNOT BE MORE THAN 52 WEEKS FROM ORIGINAL SCHOOL START DATE

(28a) TOTAL WEEKS

[Grid for total weeks]

(29) STUDENT'S INTENDED COURSE LOAD

[Grid for course load]

(30) Prior learning assessment ... (30)

YES NO

(31) What year will the student be in for this application period? (1st, 2nd, 3rd, 4th, etc.) ... (31)

[Grid] YEAR

(32) How long is the program? (if less than 60 weeks, mark '1' in box.) ... (32)

[Grid] YEAR(S)

(33) Is your program being delivered online? ... (33)

YES NO

(34) Program type (mark one) ...

A CERTIFICATE/CITATION

B ASSOCIATE/DIPLOMA

C UNIVERSITY TRANSFER

D BACHELOR

E MASTER

F PHD

G PROFESSIONAL (Medical doctor, lawyer, etc.)

H UNCLASSIFIED/QUALIFYING

(35) Student costs: must be shown in Canadian dollars.

(a) Actual tuition. Do not deduct any sponsored tuition amount or tuition already paid by the student. ... (35a) \$ [Grid] .00

(b) Mandatory fees. Do not include optional fees ... (35b) \$ [Grid] .00

(c) Program related costs ... (35c) \$ [Grid] .00

(d) Exceptional expenses ... (35d) \$ [Grid] .00

(36) Student awards: must be shown in Canadian dollars.

(a) What is the total amount of merit-based scholarship(s) and needs-based bursaries the student will receive from your school ... (36a) \$ [Grid] .00



(37) SIGNATURE OF SCHOOL OFFICIAL

MUST BE SIGNED

PRINT NAME

PRINT HERE

DATE SIGNED

YEAR

MONTH

DAY

[Grid for date year]

[Grid for date month]

[Grid for date day]

PERSONAL INFORMATION

- (38) NEW STUDENT NUMBER (if known) _____
- (39) Are you a student with a permanent disability, or a persistent or prolonged disability that affects your studies on a daily basis? You must meet the definition of either permanent disability or persistent or prolonged disability to be eligible to apply for StudentAid BC disability funding. (39) YES NO
- (40) During your study period, provide total income assistance/social assistance (welfare) and/or B.C. income assistance for persons with disabilities that you will be receiving: (40) \$.00

STUDY PERIOD INFORMATION

- (41) Between the date classes start and the date classes end, will you be on a co-op/paid work term? (41) YES NO
- (42) While you are in school, will you be living with your parent(s)/step-parent/sponsor/legal guardian or living in a home owned or rented by them? (42) YES NO

ALLOWABLE EXTRA COSTS

- (43) Day-care costs that you incur for your child(ren) age 11 years or under. Do not include any child-care subsidy amount, only the amount you pay. Only one parent may claim these day-care costs. (43) \$.00
- (44) Child support and/or spousal support that you pay. (44) \$.00
- (45) If you must relocate to a different city to attend school and you will return home at least once during your study period, what is the cost of one return trip home? (45) \$.00

INCOME INFORMATION

- (46) Enter your reported total income from line 15000 of your 2021 Income Tax Return. (46) \$.00
 If you did not file a 2021 Income Tax Return, enter your total income from all sources both inside AND outside of Canada. This income will be matched with Canada Revenue Agency records, which may affect your assessment of need.
- (47) Merit-based scholarships or need-based bursaries, including provincial government scholarships. (47) \$.00
- (48) Funding you will receive, or you are contributing, to help meet specific educational costs. Include all funding you will receive or will voluntarily contribute towards your education during this study period.
- (a) Government funding (e.g., E.I. training allowance, social assistance payments intended to cover education-related costs) (48a) \$.00
- (b) Non-government (private sector) funding (e.g. employer) (48b) \$.00
- (c) Voluntary contributions from parent(s)/step-parent/sponsor/legal guardian (48c) \$.00

STUDENTAID BC DECLARATION – ALL STUDENTS MUST READ, SIGN AND DATE

This Appendix forms part of the student's Application for student financial assistance. As such, the Student Declaration and Canada Revenue Agency Consent previously signed by the student have full legal force and effect in respect of this Appendix.

X	(49) SIGNATURE OF STUDENT (IN INK)	PRINT NAME	DATE SIGNED		
	MUST BE SIGNED	PRINT HERE	YEAR	MONTH	DAY
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Collection and use of information. The information included in this form and authorized above is collected under ss. 26(c) and 26(e) of the *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 1996, c. 165, and under the authority of the *Canada Student Financial Assistance Act*, R.S.C. 1994, Chapter C-28 and StudentAid BC. The information provided will be used to determine eligibility for a benefit through StudentAid BC and for research, statistical and evaluation purposes. If you have any questions about the collection and use of this information, contact the Executive Director, StudentAid BC, Ministry of Post-Secondary Education and Future Skills, PO Box 9173, Stn Prov Govt, Victoria BC, V8W 9H7, telephone 1-800-561-1818 (toll-free in Canada/U.S.) or +1-778-309-4621 from outside North America.

DEADLINE
Your complete and correct Appendix 5 must be received by StudentAid BC at least six weeks before the new study end date.

EMAIL COMPLETED APPENDIX 5 TO: StudentAidBC@gov.bc.ca OR upload signed Appendix 5 to your Dashboard account.
 Visit us online at www.StudentAidBC.ca