



# FULL-TIME WITHDRAWAL NOTIFICATION

### Instructions to School:

If a student does not complete their study period for which they have been awarded StudentAid BC funding, they will be deemed to have withdrawn. Please complete this form and indicate the date the student last attended full-time studies.

STUDENT'S APPLICATION NUMBER

STUDENT'S SOCIAL INSURANCE NUMBER

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

MIDDLE INITIAL

SCHOOL NAME

DOCUMENTS ATTACHED:

CSL

INDICATE DOCUMENT AMOUNT

GRANT

INDICATE CHEQUE AMOUNT

### WITHDRAWAL FROM FULL-TIME STUDIES NOTIFICATION

Student is not in a minimum 60 per cent of a full-time course load for credits (40 per cent for students with a permanent disability, or a persistent or prolonged disability).

STUDENT WITHDRAWN

LAST DATE ATTENDED FULL TIME

YEAR

MONTH

DAY

Ministry of Post-Secondary Education and Future Skills

StudentAid BC

Email: StudentAidBC@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.) +1-778-309-4621 (Outside North America)

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

SIGNATURE OF SCHOOL OFFICIAL

SIGN HERE

DATE SIGNED

YEAR

MONTH

DAY

NAME OF SCHOOL OFFICIAL

PRINT HERE

PHONE NUMBER

AREA CODE

NUMBER

SCHOOL STAMP OR SEAL

StudentAid BC