

# 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

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STUDENT'S SOCIAL INSURANCE NUMBER

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STUDENT'S LAST NAME

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STUDENT'S FIRST NAME

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MIDDLE INITIAL

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STUDY PERIOD START DATE

YEAR				MONTH		DAY	

STUDY PERIOD END DATE

YEAR				MONTH		DAY	

REASON FOR UNSUCCESSFUL COMPLETION:

GRADES:  YES (attach statement of grades)  NO

ATTENDANCE  YES  NO

OTHER: \_\_\_\_\_

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

<p>SIGNATURE OF SCHOOL OFFICIAL</p> <p style="text-align: center;">SIGN HERE</p>	<p>DATE SIGNED</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td colspan="4">YEAR</td> <td colspan="2">MONTH</td> <td colspan="2">DAY</td> </tr> </table>									YEAR				MONTH		DAY					
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<p>NAME OF SCHOOL OFFICIAL</p> <p style="text-align: center;">PRINT HERE</p>	<p>PHONE NUMBER</p> <table border="1"> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="3">AREA CODE</td> <td colspan="7">NUMBER</td> </tr> </table>											AREA CODE			NUMBER						
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SCHOOL STAMP OR SEAL

StudentAid BC