2010/2011

BRITISH COLUMBIA
The Best Place on Earth

StudentAidBC

Early Completion of Studies Notification

This notification is to be completed by the post-secondary schools financial aid officers for those students who have received StudentAid BC funding for a particular study period and who have completed their study period early.

As the student is completing studies early, please complete the Appendix 3 on the reverse of this form, indicating the revised study period end date.

STUDENT'S APPLICATION NUMBER

2 0 1 0

STUDENT'S SOCIAL INSURANCE NUMBER

STUDENT'S **LAST** NAME

STUDENT'S **FIRST** NAME

MIDDLE INITIAL

SCHOOL NAME

ORIGINAL STUDY END DATE

YEAR MONTH DAY

EARLY COMPLETION OF STUDY DATE

YEAR MONTH DAY

SIGNATURE OF SCHOOL OFFICIAL (IN INK)

SIGN HERE

DATE SIGNED

YEAR MONTH DAY

NAME OF SCHOOL OFFICIAL (IN INK)

PRINT HERE

PHONE NUMBER

AREA CODE NUMBER

OFFICIAL STAMP OR SEAL OF SCHOOL

StudentAid BC

Ministry of Advanced Education
and Labour Market Development
StudentAid BC

Mailing address:
PO Box 9173 Stn Prov Govt.,
Victoria B.C. V8W 9H7

(250)-387-6100
(604)-660-2610 (Lower Mainland)
1-800-561-1818 (Toll-free in Canada or the U.S.)

Courier address:
c/o StudentAid BC 1106 Cook Street,
Victoria, B.C. V8V 3Z9

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Appendix 3

2010/2011

SCHOOL AND PROGRAM INFORMATION

SECTION A - STUDENT: COMPLETE SECTION 'A' (FRONT PAGE) AND 'C' (BACK PAGE) ONLY

ALL QUESTIONS MUST BE ANSWERED IN INK

(01) STUDENT'S **LAST** NAME

(02) STUDENT'S **FIRST** NAME

MIDDLE INITIAL

(03) STUDENT'S SOCIAL INSURANCE NUMBER

(04) APPLICATION NUMBER 2010

(05) STUDENT NUMBER (IF KNOWN)

SECTION B - TO BE COMPLETED BY AN OFFICIAL OF THE FINANCIAL AID OFFICE OR REGISTRAR'S OFFICE ONLY (SCHOOL AND PROGRAM INFORMATION)

(06) SCHOOL NAME

SCHOOL CODE

PROGRAM CODE

EMAIL OF FINANCIAL AID OFFICE OR REGISTRAR'S OFFICE

OFFICIAL STAMP OR SEAL OF SCHOOL

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

(08)

(10) CITY/TOWN

(11) POSTAL/ZIP CODE

(12) PROVINCE/STATE

AREA CODE TELEPHONE NUMBER (Financial Aid Office) -

AREA CODE FAX NUMBER (Financial Aid Office) -

(13) COUNTRY

(14) TYPE OF SCHOOL - MARK ONE

A PUBLIC ACADEMIC | B PRIVATE ACADEMIC | C PUBLIC NON-ACADEMIC | D PRIVATE NON-ACADEMIC

(15) PROGRAM/FACULTY

(16) MAJOR/DEPARTMENT (if applicable)

(17) DATE CLASSES START YEAR MONTH DAY **TO** **(18)** DATE CLASSES END YEAR MONTH DAY (NOT TO EXCEED 52 WEEKS FROM START DATE)

(19) TOTAL WEEKS

(20) STUDENT'S INTENDED COURSE LOAD %

(20a) PRIOR LEARNING ASSESSMENT (PLA) YES NO

(21) What year will the student be in (e.g., 1st, 2nd, 3rd, 4th, etc.) ..... YEAR

(22) How long is the program when taken at 100% including program breaks? (If less than 60 weeks, mark '1' in box) ..... YEAR(S)

(23) Is this a correspondence/distance education program? ..... YES NO

(24) Program type (mark one box only)..

CERTIFICATE	ASSOCIATE/DIPLOMA	UNIVERSITY TRANSFER	BACHELOR	MASTER	DOCTORATE	PROFESSIONAL	UNCLASSIFIED/QUALIFYING
A	B	C	D	E	F	G	H

(25) Total costs: **must be shown in Canadian dollars.**

(a) Actual tuition, do not deduct any sponsored tuition amount ..... **(25a)** $ .00

(b) Mandatory fees, do not include optional fees ..... **(25b)** $ .00

(c) Program related costs, actual books, supplies, instruments, etc ..... **(25c)** $ .00

(d) Exceptional Expenses, compulsory trips and practicums, uniforms, etc ..... **(25d)** $ .00

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

(a) What is the amount of scholarship(s) the student will receive from your school? ..... **(26a)** $ .00

(b) What is the amount of bursaries the student will receive from your school? ..... **(26b)** $ .00

(c) What is the amount of teaching/research assistantship income the student will receive from your school? **(26c)** $ .00

(d) What is the amount of institutional funded employment program income the student will receive from your school? ..... **(26d)** $ .00

(27) SIGNATURE OF SCHOOL OFFICIAL (IN INK)	PRINT NAME	**(28)** DATE SIGNED YEAR MONTH DAY
SIGN HERE	PRINT HERE	

RETURN APPENDIX 3 TO THE STUDENT WHEN COMPLETE