

CANCEL DOCUMENT(S)

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MIDDLE INITIAL

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SCHOOL NAME

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DOCUMENT(S)
ATTACHED:

CSL

\$

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INDICATE DOCUMENT AMOUNT

GRANT

\$

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INDICATE CHEQUE AMOUNT

REASON FOR CANCELLATION OF ATTACHED DOCUMENT(S)

- | | |
|--|--|
| <input type="checkbox"/> Student has withdrawn and withdrawal has already been submitted | <input type="checkbox"/> Student has transferred |
| <input type="checkbox"/> Student has not attended | <input type="checkbox"/> Reissue document |
| <input type="checkbox"/> Student has attended, but did not pick up document | <input type="checkbox"/> Cancel application |
| <input type="checkbox"/> A reassessment has caused a change in eligibility | <input type="checkbox"/> Other _____
SPECIFY |

SIGNATURE OF SCHOOL OFFICIAL

SIGN HERE

DATE SIGNED

<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> YEAR					<table border="1"><tr><td></td><td></td></tr></table> MONTH			<table border="1"><tr><td></td><td></td></tr></table> DAY		

NAME OF SCHOOL OFFICIAL

PRINT HERE

PHONE NUMBER

<table border="1"><tr><td></td><td></td><td></td></tr></table> AREA CODE				<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NUMBER								

SCHOOL STAMP OR SEAL

StudentAid BC

CANCEL DOCUMENT(S)

Ministry of Advanced Education
StudentAid BC

Mailing Address:
PO Box 9173 Stn Prov Govt
Victoria BC V8W 9H7
250 387-6100 (Victoria)
604 660-2610 (Lower Mainland)
1-800-561-1818 (Toll Free in
Canada / U.S.)
Fax: 250 356-9455
Toll Free: 1-866-312-3322

Courier Address:
c/o StudentAid BC
1st floor, 835 Humboldt Street
Victoria BC V8W 9H2