UNSUCCESSFUL SEMESTER NOTIFICATION

FAX TO **StudentAid BC**
ATTN: Case Review Unit
FAX: 250 356-9455
or toll free 1-866-312-3322

STUDENT'S APPLICATION NUMBER ____-____

FROM: SCHOOL NAME

FAX: ___ ___ ___ ___-____
AREA CODE NUMBER

The following **student** has been unsuccessful in obtaining 60 per cent (40 percent for students with permanent disabilities) of a full-time course load which is below a satisfactory standard at this school:

STUDENT'S LAST NAME

STUDENT'S FIRST NAME **MIDDLE INITIAL**

		APPLICATION NUMBER	U W/D	DATE		
FALL				YEAR	MONTH	DAY
WINTER				YEAR	MONTH	DAY
SPRING				YEAR	MONTH	DAY
SUMMER				YEAR	MONTH	DAY
FALL				YEAR	MONTH	DAY
WINTER				YEAR	MONTH	DAY
SPRING				YEAR	MONTH	DAY
SUMMER				YEAR	MONTH	DAY

U = unsuccessful (failed)
W/D = withdrawal and include dates
Please attach student's transcripts, if possible

FAO NAME	FAO SIGNATURE
PRINT HERE	SIGN HERE

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Ministry of Advanced Education

StudentAid BC

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

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