

WITHDRAWAL NOTIFICATION

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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SCHOOL NAME

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DOCUMENTS ATTACHED:

CSL

\$

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INDICATE DOCUMENT AMOUNT

GRANT

\$

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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 permanent disabilities)

STUDENT HAS WITHDRAWN

LAST DATE ATTENDED FULL TIME

YEAR				MONTH		DAY	

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

WITHDRAWAL NOTIFICATION

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