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CSG-HNPT STUDENT DETAIL REPORT

Institution Name: _____ **Program Year:** _____

NAME	SIN	PROGRAM	% OF A FULL-TIME COURSE LOAD	START DATE	END DATE	AMOUNT AWARDED	COMMENTS

.

Total Awarded: _____

Mail to:	Courier to:
StudentAid BC PO Box 9173 Stn Prov Govt Victoria, B.C. V8W 9H7	StudentAid BC 1106 Cook Street Victoria, B.C. V8V 3Z9