

CONTINUE COMPLETING FORM ON REVERSE...Complete this section for each program:

Program Name	Program Code	Date PCTIA Accreditation OR Education Counsel Approval Received:

Note: If the program was not offered in 2007/2008 please complete box A and indicate the year of the last offering.

Program Yr.	Tuition	Books & Supplies	Exceptional Expenses	Number of Graduates	Projected Number of Students to be Trained
[A]	\$	\$	\$		
2006/2007	\$	\$	\$		
2007/2008	\$	\$	\$		
2008/2009	\$	\$	\$		

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2008/2009	\$	\$	\$		

CONFIRMATION

SCHOOL STAMP

NAME OF SCHOOL OFFICIAL/SIGNING AUTHORITY

SIGNATURE

DATE SIGNED

Office Use Only

Please return this form to:
 Ministry of Advanced Education
 StudentAid BC
 P O Box 9173 Stn Prov Govt
 Victoria BC V8W 9H7

Phone: 250 387-6100 Fax: 250 387-7458