



REQUEST FOR DESIGNATION OF A POST-SECONDARY INSTITUTION

SCHOOL INFORMATION (PLEASE PRINT CLEARLY)

SCHOOL NAME

PREVIOUS NAME OF SCHOOL (IF APPLICABLE)

SCHOOL ADDRESS

STREET

CITY

POSTAL CODE

SCHOOL CONTACT / TITLE

CONTACT EMAIL (DO NOT USE GENERIC EMAIL)

PHONE CONTACT (FOR INT'L SCHOOLS PROVIDE COUNTRY CODE)

FAX NUMBER

COUNTRY CODE

AREA CODE

NUMBER

COUNTRY CODE

AREA CODE

NUMBER

PROGRAM OF STUDY

HOW IS THE PROGRAM DELIVERED?

 ON SITE E-LEARNING

*** IF ALL SCHOOL INFORMATION IS NOT COMPLETE, YOUR REQUEST WILL NOT BE PROCESSED ***

REQUESTED BY:

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

ADDRESS

STREET

CITY

POSTAL CODE

PHONE CONTACT

E-MAIL

PLEASE RETURN THIS FORM TO:

Ministry of Advanced Education
StudentAid BC
PO Box 9173 Stn Prov Govt
Victoria BC V9W 9H7
or
Fax: 250-356-5440

The Ministry of Advanced Education will ask the school named above for information needed to proceed with the designation.

The designation process may take several weeks. No assistance will be issued retroactively to students who have enrolled in studies at a non-designated school.