Appendix 5

Canada

TRANSFER OF SCHOOL



PURPOSE	HOW TO COMPLETE THE APPENDIX 5
If you have received StudentAid BC funding, the Appendix 5 "Transfer of School" allows you to transfer to a different school during the study period without having to re-apply for student financial assistance.	 Appendix 5 is completed by: You; Your original institution; and Your new institution. StudentAid BC will process the transfer and notify you accordingly of any changes to the assessment.
WHEN SHOULD I COMPLETE AN APPENDIX 5 "TRANSFER OF SCHOOL"?	WHEN SHOULD I COMPLETE AN APPENDIX 7 "REQUEST FOR REASSESSMENT TO CHANGE SCHOOLS"?
If you have already received funding from StudentAid BC for your 2019/2020 application; and If your school has already confirmed your enrolment; and The break between studies at your original school and your new school is two weeks or less ; and	If you have not received loans or grant funding from StudentAid BC for your 2019/2020 application. You do not have any non-refundable tuition/book costs.
You have non-refundable tuition and book costs.	

IMPORTANT!

Contact your financial aid office if you are transferring to a different campus of the same school to determine if an Appendix 5 is required.

If the break in studies between your original school and your new school is more than two weeks, you are considered to have withdrawn from your original school. In order to continue to receive funding, you must submit a new full-time application. Do NOT complete this form.

SUBMISSION INSTRUCTIONS

Email completed Appendix 5 to SABC.AdminUnit@gov.bc.ca. OR upload signed Appendix 5 to your Dashboard account.

TUITION REFUNDS

Students who transfer schools may be eligible for a tuition refund as determined by the original school. The tuition refund should be given directly to the student to apply towards the tuition fees at the new school.

The deadline for submitting a completed and correct Appendix 5 is six weeks before your new study period ends.

2019/2020

Appendix 5

Canada

TRANSFER OF SCHOOL



4411	at is your original 2019/2020 application number?	(Questions must be answered in ink)						
Only answer questions (in ink) where the information is now different from your original full-time application. Ensure you sign and date the Declaration.								
PE	RSONAL INFORMATION							
(1)	LAST NAME NOTE: Your last name MUST match the name on your Social Insurance Number card/letter							
		SOCIAL INSURANCE NUMBER						
(2) FIRST NAME NOTE: Your first name MUST match the name on your Social Insurance Number card/letter								
(3)	MIDDLE NAME	IS THIS A CHANGE OF ADDRESS?						
(4)	MAILING ADDRESS	YES NO						
	Apt./suite Street Number and Street Name/PO Box	(12) PROGRAM/FACULTY AT NEW SCHOOL						
(5)								
Use this line for any part of your address not indicated above		(13) MAJOR/DEPARTMENT/OPTION AT NEW SCHOOL						
(6)	CITY/TOWN							
(7)	COUNTRY							
(8)	PROVINCE/STATE(11) POSTAL/ZIP CODE							
(9)	AREA CODE TELEPHONE NUMBER							
	E-MAIL ADDRESS: Notifications will be sent to this address							
ORIGINAL SCHOOL INFORMATION								
	TO DE COMPLETED BY AN OFFICIAL AT YOUR ORIGINAL COLL	201						
(14)	TO BE COMPLETED BY AN OFFICIAL AT YOUR ORIGINAL SCHOOL	OOL						
(14)		DOL .						
	NAME OF SCHOOL	DOL						
(15)	NAME OF SCHOOL Did the student attend your school? YES NO Infirm that the student had been attending full-time studies for the period indicated below (include Christmas)							
(15)	NAME OF SCHOOL Did the student attend your school? YES NO Infirm that the student had been attending full-time studies for the period indicated below (include Christmas full semester):							
(15)	NAME OF SCHOOL Did the student attend your school? YES NO Infirm that the student had been attending full-time studies for the period indicated below (include Christmas full semester): START DATE AT ORIGINAL SCHOOL DATE STUDENT LAST ATTENDED (17) TOTAL AMOUNTS PA YEAR MONTH DAY NON-REFUNDABLE	and/or spring break if the student attended ID DURING THIS PERIOD OF FULL-TIME STUDIES TUITION BOOKS AND SUPPLIES						
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NEW SCHOOL AND PROGRA	AM INFORMA	TION							
(19) SCHOOL NAME					SCHOOL CODE				
					GONOGE GODE				
EMAIL OF FINANCIAL AID OFFICE O	R REGISTRAR'S	OFFICE		7	PROGRAM CODE				
				VISIT www.Student	AidBC.ca to find codes				
(20) MAILING ADDRESS OF FINANC	JAL AID OFFICE	UR REGISTRAR	SOFFICE		OFFICIAL STAMP	OR SEAL OF SCHOOL			
(21) CITY/TOWN		(22) POSTAL	ZIP CODE		STAMP/S	SEAL HERE			
(23) PROVINCE/STATE		AREA CODE TE	LEPHONE NUMBI	ER (Financial Aid O	ffice) AREA CODE FAX N	UMBER (Financial Aid Office)			
	()			(-			
(24) COUNTRY		(2	A PUBLIC ACADEMIC			D PRIVATE			
(26) PROGRAM/FACULTY		(2	ACADEMIC 26a) MAJOR/DEF			DEMIC NON-ACADEMIC			
		Ì							
(27) DATE CLASSES START	(28) DATE	CLASSES END			NEW COLLOOL END	DATE CANNOT DE			
YEAR MONTH DAY	YEAR	MONTH	DAY			EKS FROM ORIGINAL			
(00) TOTAL METICO	(22) OTUD	ENTIC INTENDED			SCHOOL START DA	I E			
(28a)TOTAL WEEKS	(29) 5100	ENT'S INTENDED	COURSE LOAD						
(30) Prior learning assessment					(30)	YES NO			
(31) What year will the student be in?	(31) What year will the student be in? (e.g., 1st, 2nd, 3rd, 4th, etc.)								
(32) How long is the program? (if less	than 60 weeks, n	nark '1' in box.)			(32)	YEAR(S)			
(33) Is your program being delivered of	onlino?				(33)	YES NO			
(33) is your program being delivered of	Jillile:				(33)	123 100			
		OCIATE/ UNIVE PLOMA TRANS	RSITY SFER BACHEL	OR MAS	TER DOCTORATE	PROFESSIONAL UNCLASSIFIED/ QUALIFYING			
(34) Program type (mark one)	A	В	С	D	E F	G H			
(35) Student costs: must be shown in Ca	anadian dallara								
(a) Actual tuition. Do not deduct		uition amount			(35a) \$.00			
(a) Actual tultion. Do not deduct	t arry sportsored to	anion amount			(33α) φ				
(b) Mandatory fees. Do not inclu	ude optional fees				(35b) \$.00			
(c) Program related costs					(35c) \$.00			
(d) Exceptional expenses					(35d) \$.00			
(26) Ctudent awards, must be about in (Canadian dallara								
(36) Student awards: must be shown in ((a) What is the total amount of r		arship(s) and need	ds-based bursarie	es the student	will receive	.00			
from your school					(36a) ^Ф	.00			
(37) SIGNATURE OF SCHO			PRINT NAME		DATE SIGNED YEAR) MONTH DAY			
MUST	BE SIGNI	ED	PRI	NT HER					
					,				

IMPORTANT: PLEASE ANSWER ONLY QUESTIONS WHERE THE INFORMATION IS NOW DIFFERENT FROM YOUR ORIGINAL APPLICATION

PERSONAL INFORMATION								
(38) NEW STUDENT NUMBER (if known)								
(39) Are you a student with a permanent disability that affects your studies definition of a permanent disability to be eligible to apply for StudentA		(39))		YES		NO	
(40) During your study period, provide total income assistance/social assistance for persons with disabilities that you will be receiving:	tance (welfare) and/or B.C. income	(40)	\$.00
STUDY PERIOD INFORMATION								
(41) Between the date classes start and the date classes end, will you be	on a co-op/paid work term?	(41))		YES		NO	
(42) While you are in school, will you be living with your parent(s)/step-par- home owned or rented by them?	ent/sponsor/legal guardian or living in a	(42))		YES		NO	
ALLOWABLE EXTRA COSTS								
(43) Day-care costs that you incur for your child(ren) age 11 years or unde amount, only the amount you pay. Only one parent may claim these d		(43)	\$.00
(44) Child support and/or spousal support that you pay.		(44)	\$.00
(45) If you must relocate to a different city to attend school and you will return home at least once during your study period, what is the cost of one return trip home?								.00
INCOME INFORMATION								
(46) Enter your reported total income from line 150 of your 2018 Income Ta	ax Return.	(46) \$.00
If you did not file a 2018 Income Tax Return, enter your total income fro This income will be matched with Canada Revenue Agency records, where the state of the control of		Canada. '						
(47) Merit-based scholarships or need-based bursaries, including provincia	al government scholarships.	(47)	\$.00
(48) Funding you will receive, or you are contributing, to help meet specific educational costs. Include all funding you will receive or will voluntarily contribute towards your education during this study period.								
(a) Government funding (e.g., E.I. training allowance, social assistar related costs)	nce payments intended to cover education	1- (48a)	\$.00
(b) Non-government (private sector) funding (e.g. employer)			\$.00
(c) Voluntary contributions from parent(s)/step-parent/sponsor/legal guardian								.00
STUDENTAID BC DECLARATION – ALL STUDENTS MUST READ, SIGN AND DATE								
This Appendix forms part of the student's Application for student financial assistance. As such, the S force and effect in respect of this Appendix.	student Declaration and Canada Revenue Agency Cons	sent previously	signe	d by t	he studen	t have fu	ull legal	
(49) SIGNATURE OF STUDENT (IN INK)	PRINT NAME	DATE SIGNI	ΞD		MONTH		DAV	1
MUST BE SIGNED	PRINT HERE	YEAR			MONTH		DAY	
Collection and use of information. The information included in this form and authorized above is collected under ss. 26(c) and 26(e) of the Freedom of Information and Protection of Privacy Act, R.S.B.C. 1996, c. 165, and under the authority of the Canada Student Financial Assistance Act, R.S.C. 1994, Chapter C-28 and StudentAid BC. The information provided will be used to determine eligibility for a benefit through StudentAid BC and for research, statistical and evaluation purposes. If you have any questions about the collection and use of this information, contact the Executive Director, StudentAid BC, Ministry of Advanced Education, Skills and Training, PO Box 9173, Stn Prov Govt, Victoria BC, V8W 9H7, telephone 1-800-561-1818 (toll-free in Canada/U.S.) or (250)-387-6100 from outside North America.								
DEADLINE								
Your complete and correct Appendix 5 must be received by StudentAid BC at least six weeks before the new study end date.								
at least six weeks before the new study end date.								
EMAIL COMPLETED APPENDIX 5 TO: SABC.AdminUnit@gov.bc.ca OR upload signed Appendix 5 to your Dashboard account.								
Visit us on-line a	t www.StudentAidBC.ca							

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