

CHANGE OF ACADEMIC STATUS

This form is to be completed by the educational institution for all students who have a change in their academic status and must be forwarded to Student Financial Services (SFS) as soon as the change occurs.

Social Insurance Number	Student's First Name	Student's Last Name
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1. NOTICE OF STUDENT WITHDRAWING FROM STUDIES OR STUDENT CEASING FULL-TIME STUDIES

Name of Educational Institution	Name of Program of Studies						
First day student attended	Last day student attended						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-right: 1px solid black; padding: 2px 5px;">DD</td> <td style="width: 25%; border-right: 1px solid black; padding: 2px 5px;">MM</td> <td style="padding: 2px 5px;">YYYY</td> </tr> </table>	DD	MM	YYYY	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-right: 1px solid black; padding: 2px 5px;">DD</td> <td style="width: 25%; border-right: 1px solid black; padding: 2px 5px;">MM</td> <td style="padding: 2px 5px;">YYYY</td> </tr> </table>	DD	MM	YYYY
DD	MM	YYYY					
DD	MM	YYYY					
Total number of weeks of full-time studies the student attended 							

Reason for student's change in status:

- Withdrew from studies or dropped to less than 60% of a full-time course load (40% if permanently disabled)
- Did not return for second semester
- Requested to leave due to unsatisfactory progress
- Early completion of program
- Change in institution
- Change in campus of the same institution (student must submit a new application for student financial assistance)
- Change in program of studies at the same institution or campus – go to section 3

Indicate only the fees charged to the student for the dates of study indicated above.

Tuition \$ Student Fees \$ Books \$ Other \$ Specify

Indicate only the actual amounts of funding received for the dates of study indicated above.

Student loan funding disbursed to school \$ Scholarships \$ TSD Funding \$

2. REFUNDS

Student loan funding used to pay fees charged to the student **must be refunded to the National Student Loans Service Centre** within four weeks of the change in status. Refunds are not to be issued to the student.

Canada Student Loan or New Brunswick Student Loan

Make cheque or money order payable to:
National Student Loans Service Centre
PO Box 4030, Mississauga, ON L5A 4M4

Amount of Refund	Date Refund Sent			
\$ 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-right: 1px solid black; padding: 2px 5px;">DD</td> <td style="width: 25%; border-right: 1px solid black; padding: 2px 5px;">MM</td> <td style="padding: 2px 5px;">YYYY</td> </tr> </table>	DD	MM	YYYY
DD	MM	YYYY		

3. NOTICE OF STUDENT TRANSFERRING TO A NEW PROGRAM OF STUDIES AT THE SAME INSTITUTION OR CAMPUS

<p style="text-align: center;"><u>Original Program of Studies</u></p> <p style="border-bottom: 1px solid black; padding: 5px;">Name of Program of Studies</p> <p style="text-align: right; padding: 5px;">Year of Study </p> <p style="padding: 5px;">Total Number of Weeks </p> <p style="padding: 5px;">Start Date to Transfer Date </p> <p style="padding: 5px;">Indicate any breaks during period of studies to </p> <p style="padding: 5px;">Number of weeks transferred to current program </p> <p style="padding: 5px;">Fees charged for original program of studies</p> <p style="padding: 5px;">\$ \$ \$ </p> <p style="padding: 5px; font-size: small;">Tuition Student Fees Books</p>	<p style="text-align: center;"><u>Current Program of Studies</u></p> <p style="border-bottom: 1px solid black; padding: 5px;">Name of Program of Studies</p> <p style="text-align: right; padding: 5px;">Year of Study </p> <p style="padding: 5px;">Total Number of Weeks </p> <p style="padding: 5px;">Start Date to End Date </p> <p style="padding: 5px;">Indicate any breaks during period of studies to </p> <p style="padding: 5px;">Fees charged for current program of studies</p> <p style="padding: 5px;">\$ \$ \$ </p> <p style="padding: 5px; font-size: small;">Tuition Student Fees Books</p>
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4. EDUCATIONAL INSTITUTION OFFICIAL

Name and title of person completing this form (print)	() Telephone
Signature of person completing this form	Date

