

NOTIFICATION OF WITHDRAWAL / STATUS CHANGE

This form is to be completed by the school for all students who have withdrawn from studies or have had a change in status prior to period of study end date and must be forwarded to the NS Student Assistance Office *no later than 30 days* after the date the change occurs.

Social Insurance Number	Student's Last Name	Student's First Name
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1. COMPLETE BOTH PART A AND PART B

PART A: REASON FOR WITHDRAWAL / CHANGE IN STUDENT STATUS:

- Has withdrawn from school
- Has been requested to leave due to unsatisfactory progress or other reasons
- Did not attend
- Has dropped a course(s) and is no longer attending full-time (minimum 60% of a normal course load or 40% of a normal course load for students with disabilities)
- Has changed / switched program of studies
- Early completion of program

PART B: DETAILS OF WITHDRAWAL OR CHANGE IN STUDENT STATUS:

Name of School	Name of Program																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center; padding: 2px;">First day of classes</td> </tr> <tr> <td style="text-align: center; padding: 2px;">DD</td> <td style="text-align: center; padding: 2px;">MM</td> <td style="text-align: center; padding: 2px;">YYYY</td> </tr> </table>	First day of classes			DD	MM	YYYY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center; padding: 2px;">Change in status date</td> </tr> <tr> <td style="text-align: center; padding: 2px;">DD</td> <td style="text-align: center; padding: 2px;">MM</td> <td style="text-align: center; padding: 2px;">YYYY</td> </tr> </table>	Change in status date			DD	MM	YYYY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Tuition \$</td> <td style="width: 50%; padding: 2px;">Fees \$</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">Indicate only the <i>actual amount</i> of tuition and fees charged for the dates of study indicated</td> </tr> </table>	Tuition \$	Fees \$	Indicate only the <i>actual amount</i> of tuition and fees charged for the dates of study indicated	
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Did this student receive a retroactive withdrawal based on medical or compassionate grounds? Yes No

2. REFUNDS

Canada Student Loan Amount of Refund \$ _____ Date Sent DD MM YYYY

Nova Scotia Student Loan Amount of Refund \$ _____ Date Sent DD MM YYYY

3. EDUCATIONAL INSTITUTION

School Official's Name (Print)

Telephone Number

Signature of School Official

School Official's Title (Print)

Date

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS