



**Saskatchewan  
Advanced Education  
and Employment**

Student Financial  
Assistance

4635 Wascana Parkway  
Box 650  
Regina SK S4P 3A3  
(306) 787-0923  
1-800-597-8278

# Notification of Discontinuation

## Provincial Training Allowance

**File No.**

For Office Use Only

Client's SIN #

Client Sask. Personal Health No.

Client's Full name \_\_\_\_\_  
last name first name middle name

School name and address you want school's copy of PTA results mailed to:

\_\_\_\_\_  
 \_\_\_\_\_

### Date of Discontinuation

The above client discontinued on:     
Day Month Year

Reason for discontinuation (*attach a separate sheet if more space is required*):

\_\_\_\_\_  
 \_\_\_\_\_

**X** \_\_\_\_\_  
 Signature of School Official

\_\_\_\_\_  
 Date