

# CHANGE OF ACADEMIC STATUS

**This form is to be completed for all students who have a change in their academic status and must be forwarded to the Student Financial Services Branch as soon as the change occurs.**

Social Insurance Number

Last Name       First Name       Initial

## 1. NOTICE OF STUDENT WITHDRAWING FROM STUDIES OR STUDENT CEASING FULL-TIME STUDIES

Name of Educational Institution       Name of Program of Studies

Indicate date student ceased full-time studies  DD  MM  YYYY      Total number of weeks of full-time studies the student attended

Indicate reason student ceased full-time studies:

Enrolled in less than 60% of a full-time course load (40% if permanently disabled)       Moved to another Institution

Withdrew from studies       Unsatisfactory Progress

Indicate only the actual amounts of fees charged for the number of weeks of studies indicated above.

(i) Tuition \$       (ii) Student Fees \$       (iii) Books \$

## 2. NOTICE OF STUDENT TRANSFERRING TO A NEW PROGRAM OF STUDIES WITHIN THIS INSTITUTION

### Original Program of Studies

Name of Program of Studies

Total Number of Weeks

Start Date  DD  MM  YYYY      Transfer Date  DD  MM  YYYY

Indicate any breaks during period of studies  DD  MM  YYYY to  DD  MM  YYYY

Number of weeks transferred to current program

Indicate fees charged for original program of studies  
Tuition \$       Student Fees \$       Books \$

### Current Program of Studies

Name of Program of Studies

Total Number of Weeks

Start Date  DD  MM  YYYY      End Date  DD  MM  YYYY

Indicate any breaks during period of studies  DD  MM  YYYY to  DD  MM  YYYY

Indicate fees charged for current program of studies  
Tuition \$       Student Fees \$       Books \$

## 3. REFUNDS

**Refunds of fees must be made to the source which provided the funding. No refunds will be given directly to student if funds received under these programs were used to pay the fees charged to the student.**

Type of Refund	Amount of Refund	Date Refund Sent
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- **Canada Student Loan or New Brunswick Student Loan**

**Public Institutions:**

Make cheque or money order payable to:

National Student Loans Service Centre  
Public Institutions Division  
PO Box 4030  
Mississauga, ON L5A 4M4

\$        DD  MM  YYYY

**Private Institutions:**

Make cheque or money order payable to:

National Student Loans Service Centre  
Private Institutions Division  
PO Box 779, Station "U"  
Toronto, ON M8Z 5P9

\$        DD  MM  YYYY

- **New Brunswick Bursary (NBB) or Canada Study Grant (CSG)**

Make cheque or money order payable to:

Minister of Finance      NBB      \$   
Student Financial Services  
Department of Post-Secondary Education,      CSG      \$   
Training and Labour  
PO Box 6000, 77 Westmorland St.  
Fredericton, NB E3B 5H1

DD  MM  YYYY

DD  MM  YYYY

## 4. EDUCATIONAL INSTITUTION OFFICIAL

Name and title of person completing this form (print)

Signature of person completing this form       Date