|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STUDENT INFORMATION** | | | | |
|  | | | | |
| Full Legal Name | | | | |
|  | | | | |
| Mailing Address (Line 1) | | | | |
|  | | | | |
| Mailing Address (Line 2) | | | | |
|  |  |  | | |
| Telephone Number |  | Email Address | | |
| **SPECIAL CIRCUMSTANCES** | | | | |
| The registrar has identified a program that can be completed in substitution for the one in which you were enrolled at your previous institution. Any amount paid from the Student Tuition Protection Fund in relation to your claim must paid to the institution offering that comparable program unless you can satisfy the registrar special circumstances exist preventing you from completing the identified program. Please describe those special circumstances below and attach any documents or other things you feel may be necessary to support your claim. If you require additional space, please attach a separate sheet of paper when submitting this form. | | | | |
|  | | | | |
| **CONFIDENTIALITY STATEMENT** | | | | |
| Documents and information related to this claim, its investigation and/or resolution will be treated in confidence and will not be disclosed to any person not involved in the matter unless disclosure is necessary for the processing and investigation of this claim. The Private Training Institutions Branch is subject to the provisions of the Freedom of Information and Protection of Privacy Act.  Your personal information is collected by the Ministry of Advanced Education under the authority of sections 26(a), (c) and (e) of the *Freedom of Information and Protection of Privacy Act (*FOIPPA) and sections 61(1) and (2) of the *Private Training Act* (PTA) to carry out the registrar’s responsibilities under the Private Training Act.  Should you have any questions about the collection, disclosure and use of this personal information you may contact: Director, Regulation, Private Training Institutions Branch, Governance, Legislation and Strategic Policy Division, Ministry of Advanced Education, 203 - 1155 W. Pender St, Vancouver, BC V6E 2P4 (604 569-0019). | | | | |
| **DECLARATION** | | | | |
| By signing this document, the Claimant confirm(s) that:   * I understand that it is an offence under section 42(1) of the *Private Training Act* to give false or misleading information to the Ministry. * The information contained in this form and in all of the attachments is true and accurate to the best of my knowledge. * I understand that a copy of this claim, including all attachments, will be sent to the institution against whom the claim is made. | | | | |
|  | | |  |  |
| Student Signature | | |  | Date Signed |