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| --- | --- | --- | --- | --- | --- | --- |
| **STUDENT INFORMATION** | | | | | | |
| Click or tap here to enter text. | | | | | | |
| **Full Legal Name** (and Usual First Name, if applicable) | | | | | | |
| Click or tap here to enter text. | | | | | | |
| **Mailing Address** | | | | | | |
| Click or tap here to enter text. |  | Click or tap here to enter text. | | | | |
| **Telephone Number** |  | **Email Address** | | | | |
| Click or tap to enter a date. |  | Click or tap here to enter text. | | | | |
| **Date of Birth** |  | **StudentAid BC Application Number or National Student Loan Services Account Number** (if applicable): | | | | |
| **Have you already received a full or partial tuition refund?** | | | | Yes No | | |
| **If yes, what was the amount of the tuition refund?** | | | | Click or tap here to enter text. | | |
| **CURRENT STUDENT STATUS** | | | | | | |
| **Attending the program** | | **Completed the program** | | | | |
| Completion Date: Click or tap to enter a date. | | | | |
| **Withdrawn from the program** | | **Dismissed from the program** | | | | |
| Withdrawal Date: Click or tap to enter a date. | | Dismissal Date: Click or tap to enter a date. | | | | |
| **INSTITUTION AND PROGRAM INFORMATION** | | | | | | |
| Canadian Tourism College | | | | |  | |
| **Name** | | | | |  | |
| 200 – 1111 Melville Street | | | | | | |
| **Location** | | | | |  | |
| Vancouver |  | British Columbia | | | | |
| **City** |  | **Province** | | | | |
| Click or tap here to enter text. | | | | | | |
| **Program of Study** | | | | | | |
| Click or tap to enter a date. |  | Click or tap to enter a date. | | | | |
| **Program Start Date** (as listed on contract) |  | **Program End Date** (as listed on contract) | | | | |
| **INFORMATION ABOUT YOUR CLAIM** | | | | | | |
| 1. Claims must be filed within one year after the institution you were attending closed. Are you filing this claim within one year of the closure? | | | | | | Yes No |
| 1. Documents requested:    1. Have you included a copy of your student enrolment contract?    2. Have you included evidence of payment (cancelled cheques, copies of wire transfers, official receipts, student loan documentation)?    3. Have you included a notice of withdrawal or dismissal, if applicable? | | | | | | Yes No  Yes No  Yes No  Not applicable |
| **The Claim Form must be signed and completed IN FULL to be processed.** | | | | | | |
| **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 Regulatory Unit (PTIRU) is subject to the provisions of the *Freedom of Information and Protection of Privacy Act* (FOIPPA)*.*  Your personal information is collected by the Ministry of Post-Secondary Education and Future Skills [**Ministry**] under the authority of sections 26(a), (c) and (e) of FOIPPA and section 61of the *Private Training Act*. Should you have any questions about the collection, disclosure and use of this personal information you may contact: Director, Policy and Institution Certification, Private Training Institutions Regulatory Unit, Post-Secondary Policy and Programs Division, Ministry of Post-Secondary Education and Future Skills 310-601 Cordova St W, Vancouver, BC V6B 1G1 (604 569-0019). | | | | | | |
| **DECLARATION** | | | | | | |
| By signing this document, the Claimant confirm(s) the following:   * I understand that it is an offence under section 42(1) of the *Private Training Act* to provide false or misleading information. * The information contained in this form and in all of the attachments is true and accurate to the best of my knowledge. I understand the Trustee may request additional information or records to validate my claim. * I understand that a summary of my claim will be sent to the institution. * I understand that submitting a claim form is not a guarantee I will receive a tuition refund. | | | | | | |
|  | | |  |  | | |
| Student Signature | | |  | Date Signed | | |

**Complete claim form and supporting documents must be sent to** [**pti.institutionclosure@gov.bc.ca**](mailto:pti.institutionclosure@gov.bc.ca) **or 310-601 Cordova St W, Vancouver, BC V6B 1G1**