

STICKER APPLIED? ☐YES ☐NO

IF DENIED, DATE STUDENT NOTIFIED:

NSCC U-PASS OPT OUT / OPT IN REQUEST

LAST NAME:	FIRST NAME:
STUDENT #:	CONTACT EMAIL:
ADDRESS:	
POSTAL CODE:	TELEPHONE:
PLEASE SELECT EITHER OPT OUT OR OPT	IN REQUEST AND REASON:
☐ OPT OUT REQUEST: Please do not submit your U-Pass opt out request until you are registered in a program.	
	ents enrolled at metro/HRM campuses. Students must meet the conditions of one e option and provide necessary documentation (as required).
\square I am officially withdrawing from NSC	C prior to the advertised deadline for my program.
☐ I am changing my student status fro	m full time to part time prior to the official add/drop date for the term.
☐ I currently hold a valid Access-a-Bus, CNIB, WIH or X-Pass transit pass. (Please include a photocopy of both sides of your current pass with this form)	
	fax Transit service area. (Please include current proof of residence thin the last month, lease or mortgage, home or tenants' insurance
practitioner's note)	unts me from taking transit. (Please include physician/medical U-Pass sticker, your U-Pass sticker must be handed in to the Business r student account (if applicable).
☐ OPT IN REQUEST: Please do not submit The ability to opt in to the U-Pass program is lim	your U-Pass opt in request until you are registered in a program. ited to full time students.
☐ I am studying full time online through eCampus.	
☐ I am moving from part time to full time studies.	
Instructions: This form needs to be submitted annually and it is the student's responsibility to ensure that it is completed in full, includes ALL required supporting documentation and is submitted by the deadline. Additional information regarding U-Pass and submission deadlines can be found at www.nscc.ca/upass Completed forms and supporting documentation can be submitted to one of the following campus Business Offices (Akerley, IT or Ivany) via email. Please add the subject line UPASS and your student ID to your email. akerley.info@nscc.ca ivany.info@nscc.ca IT.Finance@nscc.ca	
FOR OFFICE USE ONLY	ACTIONED BY (Staff name):
DATE REQUEST RECEIVED: ACTIONED BY (Staff name): OPT OUT DECISION (Please indicate): GRANTED DENIED	
U-PASS RECEIVED FROM STUDENT?	
IF DENIED, DATE STUDENT NOTIFIED:	HELPDESK TICKET TO ADD REVERSE FILED: □YES □NO
OPT IN DECISION (Please indicate): □GRANTED	□ DENIED
U-PASS FEE COLLECTED?	□no

HELPDESK TICKET TO ADD FEE FILED: ☐YES ☐NO