

DEADLINE

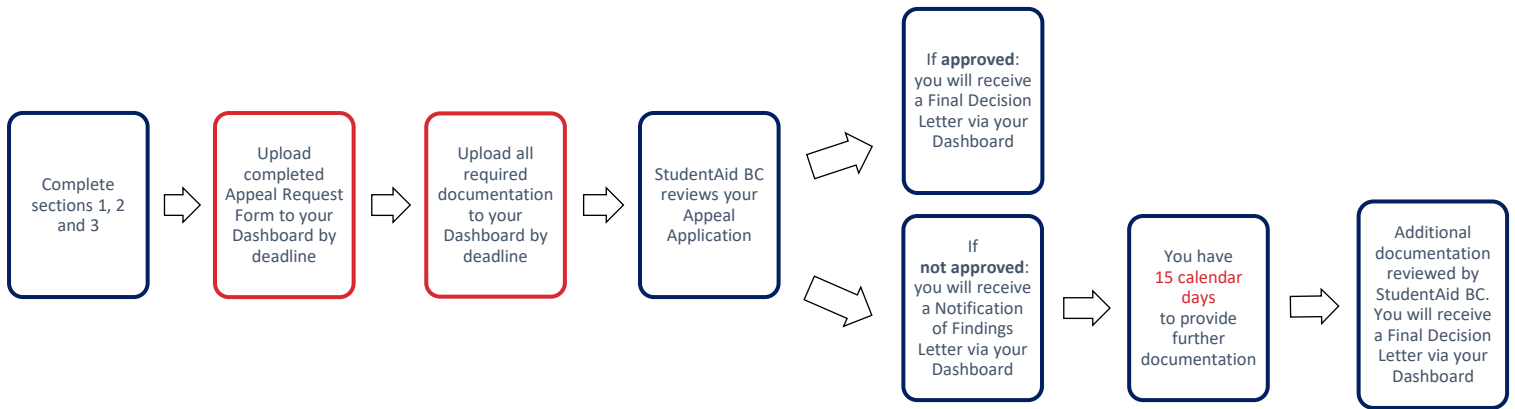
Six weeks before your study period ends.

APPEAL CRITERIA

You can submit an appeal request if you were not considered to be in full-time studies and were therefore found ineligible for interest-free status. You must be able to provide documentation to prove your full-time status.

APPEAL INSTRUCTIONS

1. Review the Appeal Criteria.
2. Complete Sections 1, 2 and 3.
3. Upload your completed Appeal Request Form and all required documentation to your StudentAid BC [Dashboard](#).



Appeal Request Form starts on page 2.

SECTION 1 – STUDENT INFORMATION

STUDENT'S SOCIAL INSURANCE NUMBER

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

STUDENT'S APPLICATION NUMBER

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

STUDENT'S LAST NAME

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

STUDENT'S FIRST NAME

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

MIDDLE INITIAL

| |
|--|
| |
|--|

SECTION 2 – REQUIRED DOCUMENTATION

You must submit all of the following documentation to your StudentAid BC [Dashboard](#) to support your appeal request:

A letter explaining why you were not considered to be in full-time studies.

All relevant supporting documentation, such as:

- A copy of all unofficial post-secondary transcripts.
- A letter from the financial aid office stating that you meet the institution's definition of full-time status for the purpose of qualifying for interest-free status.

YOUR ASSESSMENT WILL BE DELAYED OR DENIED IF YOU DO NOT SUBMIT ALL REQUIRED DOCUMENTATION.

SECTION 3 – DECLARATION

By submitting this request for an appeal, I understand that:

- All terms agreed to on my application will remain in force.
- StudentAid BC may consider information from prior applications in my appeal request.

I certify that information provided with this request is accurate and correct.



| |
|---------------|
| CHECK MARK |
|---------------|

| |
|-------------------------------------|
| PRINT STUDENT'S FIRST AND LAST NAME |
|-------------------------------------|

| |
|------------|
| MM/DD/YYYY |
|------------|

Collection and use of information: The information included in this form and authorized above is collected under Sections 26(c) and 26(e) of the *Freedom of Information and Protection of Privacy Act*, and under the authority of the *Canada Student Financial Assistance Act*, R.S.C. 1994, Chapter C-28 and StudentAid BC. The information provided will be used to determine eligibility for a benefit through StudentAid BC and for statistical and evaluation purposes. If you have any questions about the collection and use of this information, contact the Director, StudentAid BC, Ministry of Advanced Education, Skills & Training, PO Box 9173, Stn Prov Govt, Victoria B.C., V8W 9H7, telephone 1-800-561-1818 (toll-free in Canada/U.S.) or (250)-387-6100 from outside North America.

Upload completed Appeal Request Form and all required documentation to your

StudentAid BC Dashboard at studentaidbc.ca/dashboard.