

Appeal Request Form Instructions

B.C. STUDENT LOAN LIFETIME MAXIMUM

The financial needs assessment is conducted as per Chapter 7 (Financial Need Assessment Process) and maximum funding amounts can be found in Chapter 8 (Award Composition and Disbursement) of the 2018/2019 StudentAid BC Policy Manual, located here: <u>https://studentaidbc.ca/sites/all/files/school-officials/policy_manual.pdf</u>.

APPEAL CRITERIA

A student may appeal this limit if:

- they require funding to complete the period of study;
- they require approximately one or two more semesters to complete their program; or
- there are exceptional circumstances which contributed to the student's higher borrowing amount.

REQUIRED DOCUMENTATION

You must provide the following:

- a letter stating why you need to exceed the B.C. student loan lifetime maximum, which includes:
 - your post-secondary history to date (periods of study and programs),
 - o your expected completion date,
 - o your education and employment plans,
- unofficial copy of transcripts; and
- a letter from your faculty/department head confirming your ability to complete your program of study. This letter should also say how many semesters are remaining and estimate when you will complete your current credential.

StudentAid BC cannot guarantee a final decision before your study period ends if all required documentation is not submitted by the appropriate deadline.

DEADLINE: SIX WEEKS BEFORE STUDY PERIOD ENDS

For detailed instructions and potential outcomes from the appeal visit the StudentAid BC website

Submit completed form to your StudentAid BC online dashboard

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SECTION 1 – STUDENT INFORMATION

ALL QUESTIONS MUST BE ANSWERED IN INK.

(01) SOCIAL INSURANCE NUMBER	MINISTRY DATE STAMP
(02) STUDENT'S LAST NAME	
(03) STUDENT'S FIRST NAME	AIDDLE INITIAL
(04) APPLICATION NUMBER	

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SECTION 2 – DECLARATION

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

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

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

	SIGNATURE OF STUDENT (IN INK)	PRINT NAME	DATE SIGNED
Χ	SIGN HERE	PRINT HERE	YYYY / MM / DD

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.

