

**WHAT IS AN APPEAL?**

An appeal is the process by which you have the opportunity to request a reconsideration of the decision to deny the rehabilitation of your defaulted student loan. If you have not been approved and had an exceptional circumstance that meets one or more of the criteria listed below, you may submit an appeal request. Once evaluated, the appeal request may result in a change in the decision to rehabilitate your student loan.

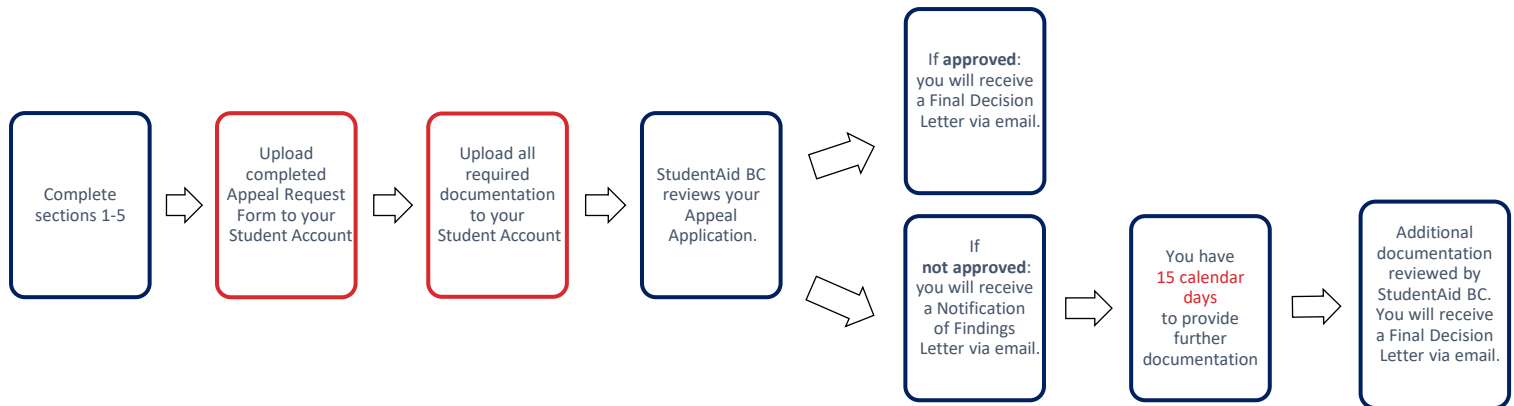
**APPEAL CRITERIA**

You can submit an appeal request if your request for rehabilitation of your defaulted B.C. student loan has been denied and you meet one of the exceptional circumstances listed below:

- Have made every reasonable effort to rehabilitate your loan
- Have experienced exceptional circumstances which reasonably impacted your ability to make the equivalent of two consecutive monthly payments and/or your outstanding interest payment, such as:
  - Medical illness or injury
  - Family emergency (e.g., death or injury)
  - Natural disaster
  - A dependant with a permanent disability
  - Layoff, strike, lockout or other reduction in earnings beyond your control
  - Divorce

**APPEAL INSTRUCTIONS**

1. Talk to a Financial Aid Officer at your school or contact [StudentAid BC](#) and talk to a representative. They can help you through the appeal process.
2. Review the Appeal Criteria.
3. Complete Sections 1-5.
4. Upload your completed Appeal Request Form and all required documentation to your [Student Account](#).



**Appeal Request Form starts on page 2.**

### SECTION 1 – STUDENT INFORMATION

STUDENT'S SOCIAL INSURANCE NUMBER	STUDENT'S APPLICATION NUMBER
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
STUDENT'S LAST NAME	
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STUDENT'S FIRST NAME	MIDDLE INITIAL
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### SECTION 2 – REQUIRED DOCUMENTATION

You must submit all of the following documentation to your [Student Account](#) to support your appeal request:

- A letter** explaining the issues impacting your ability to make the equivalent of two consecutive monthly payments, as required for rehabilitation for B.C. student loans after default.
- All relevant supporting documentation** (letters from doctors, counsellors, financial consultants, etc.).

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

### SECTION 3 – MONTHLY EXPENSES

MORTGAGE/RENT	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00	PHONE	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
SECOND MORTGAGE	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00	DAYCARE	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
FOOD	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00	TRANSPORTATION	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
MEDICAL	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00	VEHICLE PAYMENT 1	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
DENTAL	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00	VEHICLE PAYMENT 2	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
HYDRO	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00	VEHICLE INSURANCE	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
CABLE	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00	VEHICLE UPKEEP	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
WATER	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00	GAS	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
HEAT	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00	OTHER*	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00

\*Itemize other expenses: \_\_\_\_\_

### SECTION 4 – TOTAL EXPENSES

TOTAL MONTHLY EXPENSES	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
TOTAL MONTHLY NET INCOME	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00

All information is subject to verification and could result in an overaward if information is misreported.

**Appeal Request Form continues on page 3.**

## SECTION 5 – 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 Post-Secondary Education and Future Skills, PO Box 9173, Stn Prov Govt, Victoria B.C., V8W 9H7, telephone 1-800-561-1818 (toll-free in Canada/U.S.) or +1-778-309-4621 from outside North America.

**Upload completed Appeal Request Form and all required documentation  
to your [Student Account](#).**