

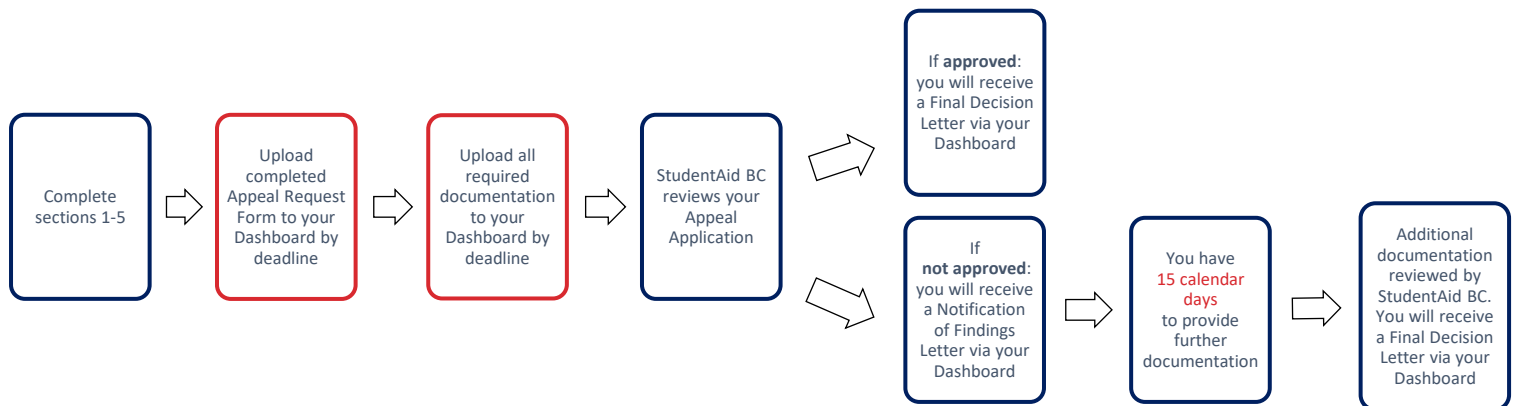
APPEAL CRITERIA

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

- Have made 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. Exceptional circumstances include:
 - Medical illness or injury
 - Family emergency (e.g., death or injury)
 - Natural disaster
 - A dependent with a permanent disability
 - Layoff, strike, lockout or other reduction in earnings beyond your control
 - Divorce

APPEAL INSTRUCTIONS

1. Review the Appeal Criteria.
2. Complete Sections 1-5.
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

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STUDENT'S APPLICATION NUMBER

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STUDENT'S LAST NAME

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STUDENT'S FIRST NAME

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MIDDLE INITIAL

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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 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	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00	PHONE	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00
SECOND MORTGAGE	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00	DAYCARE	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00
FOOD	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00	TRANSPORTATION	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00
MEDICAL	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00	VEHICLE PAYMENT 1	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00
DENTAL	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00	VEHICLE PAYMENT 2	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00
HYDRO	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00	VEHICLE INSURANCE	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00
CABLE	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00	VEHICLE UPKEEP	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00
WATER	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00	GAS	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00
HEAT	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00	OTHER*	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00

*Itemize other expenses: _____

SECTION 4 – TOTAL EXPENSES

TOTAL MONTHLY EXPENSES	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00
TOTAL MONTHLY NET INCOME	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.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 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.