

Appeal Request Form Instructions

SCHOLASTIC STANDING FOR PART-TIME STUDENTS

WITHDRAWAL FROM STUDY OR UNSUCCESSFUL STUDIES

The requirement to maintain eligibility during your study period is found in Chapter 12 (Financial Assistance for Part-Time Students) and the requirement to notify any changes in your circumstances is found in Chapter 10 (Changes to Student Circumstances) of the 2018/19 StudentAid BC Policy Manual , located here: https://studentaidbc.ca/sites/all/files/school-officials/policy_manual.pdf.

APPEAL CRITERIA

A part-time student who withdraws or has failed to successfully complete their studies, while receiving StudentAid BC funding, will have a restriction placed on their file and they will not be eligible for further funding until they have successfully completed one semester at a designated post-secondary institution funded through their own resources.

Students may either complete one semester of self-funded post-secondary studies or, if they wish to appeal this policy, must demonstrate that:

- they experienced exceptional circumstances that caused them to withdraw or unsuccessfully complete their studies, such as:
 - a medical illness or injury;
 - o family emergency (e.g. death, injury, etc.) or natural disaster; or
 - o other extraordinary circumstances; and
- that they are able to successfully continue on with their program.

REQUIRED DOCUMENTATION

You must provide the following to support your appeal request:

- a letter describing the nature of the circumstances that meet one of the above criteria, with supporting documentation;
- a letter from institution confirming ability to complete program; and
- all relevant supporting documentation including documentation from a qualified practitioner stating that you are able to complete your part-time studies, if appeal circumstance is due to a medical reason.

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 <u>StudentAid BC website</u>

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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 MIDDLE INITIAL				
— L				
(04) APPLICATION NUMBER				

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.

	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.



SECTION 3 - MEDICAL WITHDRAWAL (TO BE COMPLETED BY THE DOCTOR/COUNSELLOR)

INSTRUCTIONS TO THE DOCTOR/COUNSELLOR
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1. Complete Section 3 and return it to the patient.

SIGN HERE

2. This form will not be processed without a doctor's/counsellor's stamp.

PATIENT'S LAST NAME			
PATIENT'S FIRST NAME	STAMP OF DOCTOR/COUNSELLOR		
NAME OF DOCTOR/COUNSELLOR			
MAILING ADDDRESS			
CITY/TOWN			
	_		
PROVINCE/STATE COUNTRY	POSTAL/ZIP CODE		
1. When was this medical condition first diagnosed?			
2. Given the patient's medical condition, would he/she have been able	to continue part-time studies and		
complete the rest of the study period? [] YES [] NO			
If no, briefly explain why:			
3. Did you advise the patient to withdraw from part-time studies due to	o his/her medical condition?		
[] YES [] NO			
If YES, what was the date? _YEARMONTHDAY			
If NO, indicate the date of illness: YEARMONTH DAY			
4. Briefly describe the nature of the student's illness:			
5. Is this student fit to return to school? [] YES [] NO			
SIGNATURE OF DOCTOR/COUNSELLOR (IN INK) PRINT NAME	DATE SIGNED		

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