## APPEAL REQUEST FOR SCHOLASTIC STANDING FOR PART-TIME STUDENTS WITHDRAWAL FROM STUDY OR UNSUCCESSFUL STUDIES

#### **DEADLINE**

Six weeks before your study period end date.

### WHAT IS AN APPEAL?

An appeal is the process by which you have the opportunity to request a reconsideration of your assessed award. If you have had an exceptional circumstance that meets one or more of the criteria listed below and you have not received the maximum amount of funding for the application study period, you may submit an appeal request. Once evaluated, the appeal request may result in a change to your StudentAid BC award.

#### APPEAL CRITERIA

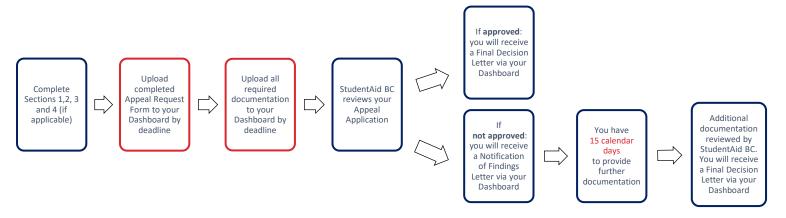
If you are a part-time student who withdrew or failed to successfully complete your studies while receiving StudentAid BC funding, you will have a restriction placed on your file and will not be eligible for further funding until you have successfully completed one self-funded semester at a designated post-secondary institution.

You can complete one self-funded semester at a designated post-secondary institution or you can appeal your scholastic standing *if* you were otherwise on track to successfully complete your program and one or more of the following criteria has impacted your ability to study:

- Medical illness or injury
- Family emergency (e.g., death or injury)
- Natural disaster
- Other exceptional circumstance

### APPEAL INSTRUCTIONS

- 1. Talk to a Financial Aid Officer at your school, they can help you with the appeal process. If you are unable to contact a Financial Aid Officer, contact <a href="StudentAid BC">StudentAid BC</a>.
- 2. Review the Appeal Criteria.
- 3. Complete Sections 1, 2 and 3.
- 4. If your appeal circumstance is due to a medical reason, review Section 4 Medical Withdrawal Instructions.
- 5. Upload your completed Appeal Request Form and all required documentation to your StudentAid BC Dashboard.



Appeal Request Form starts on page 2.

Refer to the StudentAid BC Policy Manual for more information on appeals.



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SECTION 1 – STUDENT INFORMATION																							
STUDENT'S SOCIAL INSURANCE NUMBER								STUDENT'S APPLICATION NUMBER															
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	SECTION 2 — REQUIRED DOCUMENTATION  You must upload all of the following documentation to your StudentAid BC Dashboard to support your appeal request:																						
You n	nust uploa	ıd all o	of the 1	follow	ing d	ocum	entat	ion to	your د	Stua	lentAi	d BC I	Dashb	oard	to su	pport	your	appe	eal red	ןuest:	:		
	A letter explaining the circumstance(s) that meets one or more of the Appeal Criteria (see page 1).																						
	A letter from your institution confirming your ability to complete the program.																						
A completed Section 4 with your doctor/counsellor's signature and stamp (if your appeal circumstance is due to a medical reason).																							
Y	OUR ASS	ESSN	<b>JENT</b>	WIL	L BE	DEL/	ΑΥΕΓ	) OR	DEN	I <b>IED</b> I	IF YO	)U D(	O NC	)T SU	JBMI	T AL	L RE	:QUI	RED	DOC	:UME	.NTA	TION.
SE	CTION	3 – C	DECL	.AR/	ATIO	N																	
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If Sec	ction 4 (Me	edical '	Withd	Irawal	I) is cc	omple	ted b؛	y doc	tor/cc	ounse	:llor												
<ul> <li>I consent to the release of information from my doctor or counsellor to the Ministry of Advanced Education and Skills Training, StudentAid BC.</li> </ul>																							
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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 and 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 +1-778-309-4621 from outside North America.

Upload completed Appeal Request Form and all required documentation to your StudentAid BC Dashboard at studentaidbc.ca/dashboard.

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## SECTION 4 - MEDICAL WITHDRAWAL (to be completed by doctor/counsellor)

### INSTRUCTIONS TO THE DOCTOR/COUNSELLOR

Complete Section 4 and return it to the patient.

PATIENT'S LAST NAME			
PATIENTS'S FIRST NAME		D(	OCTOR/COUNSELLOR STAMP
NAME OF DOCTOR/COUNSELLO	R		
MAILING ADDRESS			
CITY/TOWN			
PROVINCE/STATE	COUNTRY	POSTAL/ZIP CODE	
AREA CODE PHONE NUME	BER		
1. When was this medical cond	dition first diagnosed?		
2. Given the patient's medical			
maintain at least 60% of a fu permanent disabilities as ap			
the rest of the study period?		, 4.14 55.11.	
If <b>NO</b> , briefly explain why: _			
3. Did you advise the patient to	o withdraw from full-time	e studies YES NO	
due to their medical condition			
If <b>YES</b> , what was the date?	MM/DD/VVVV	If <b>NO</b> , indicate the date of illness:	MM/DD/VVVV
5. Is this student fit to return to	to school? YES	NO	
SIGNATURE OF DOCT	FOR/COUNSELLOR	PRINT DOCTOR/COUNSELLOR'S NAME	MM/DD/YYYY
<b>*</b>			
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