

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

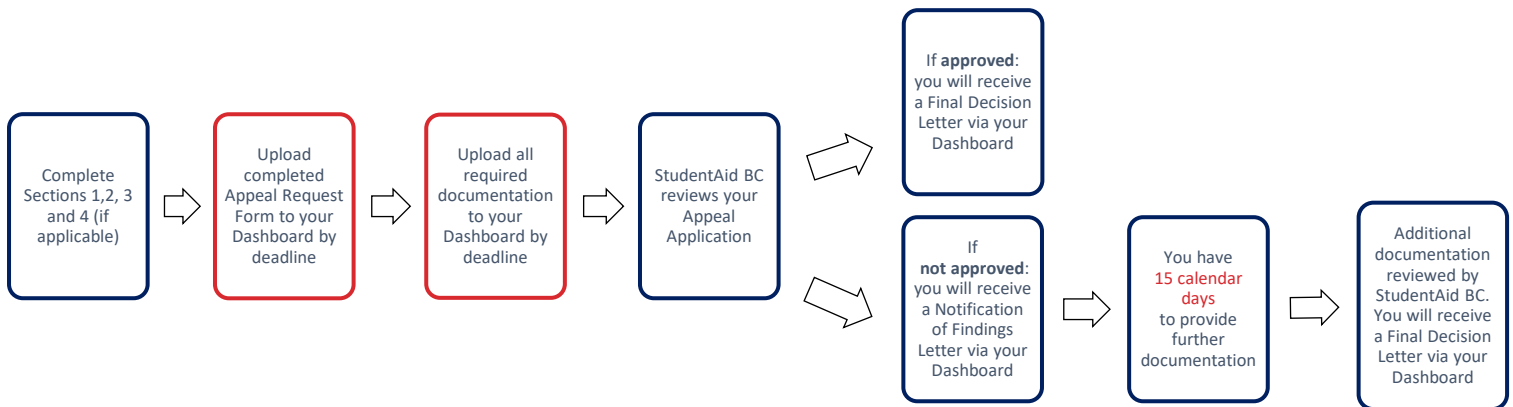
If you are a part-time student who withdrew or failed to successfully complete your studies while receiving StudentAid BC funding, you will have a restriction placed on your file and will not be eligible for further funding until you have successfully completed one self-funded semester at a designated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

SECTION 4 – MEDICAL WITHDRAWAL (to be completed by doctor/counsellor)**INSTRUCTIONS TO THE DOCTOR/COUNSELLOR**

Complete Section 4 and return it to the patient.

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

PATIENT'S LAST NAME

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PATIENTS'S FIRST NAME

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NAME OF DOCTOR/COUNSELLOR

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MAILING ADDRESS

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CITY/TOWN

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PROVINCE/STATE

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COUNTRY

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POSTAL/ZIP CODE

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AREA CODE

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PHONE NUMBER

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DOCTOR/COUNSELLOR STAMP

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1. When was this medical condition first diagnosed? _____

2. Given the patient's medical condition, would they have been able to maintain at least 60% of a full-time course load (40% for student with permanent disabilities as approved by StudentAid BC) and complete the rest of the study period? **YES NO**If **NO**, briefly explain why: _____3. Did you advise the patient to withdraw from full-time studies due to their medical condition? **YES NO**If **YES**, what was the date? _____ If **NO**, indicate the date of illness: _____
MM/DD/YYYY MM/DD/YYYY

4. Briefly describe the nature of the student's illness: _____

5. Is this student fit to return to school? **YES NO**

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SIGNATURE OF DOCTOR/COUNSELLOR

PRINT DOCTOR/COUNSELLOR'S 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 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.