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

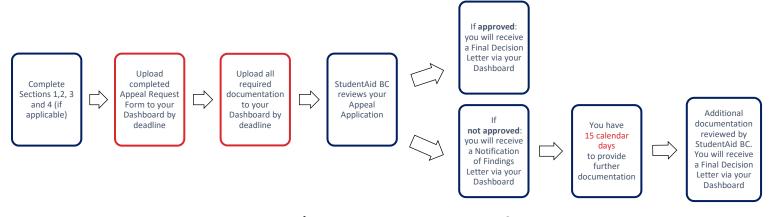
If you are a part-time student who withdrew or failed to successfully complete your studies while receiving StudentAid BC funding, you will have a restriction placed on your file and will not be eligible for further funding until you have successfully completed one self-funded semester at a designated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

Refer to the StudentAid BC <u>Policy Manual</u> for more information on appeals.



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

| SECTION 1 – STUDENT INFORMATION | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| STUDENT'S SOCIAL INSURANCE NUMBER | STUDENT'S APPLICATION NUMBER | | | | | | | | | |
| | | | | | | | | | | |
| STUDENT'S LAST NAME | | | | | | | | | | |
| | | | | | | | | | | |
| STUDENT'S FIRST NAME | MIDDLE INITIAL | | | | | | | | | |
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| SECTION 2 – REQUIRED DOCUMENTATION | | | | | | | | | | |
| You must upload all of the following documentation to your Stu | identAid BC <u>Dashboard</u> to support your appeal request: | | | | | | | | | |
| A letter explaining the circumstance(s) that meets one of | 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). | | | | | | | | | | |
| YOUR ASSESSMENT WILL BE DELAYED OR DENIED IF YOU DO NOT SUBMIT ALL REQUIRED DOCUMENTATION. | | | | | | | | | | |
| SECTION 3 – DECLARATION | | | | | | | | | | |
| By submitting this request for an appeal, I understand that: | | | | | | | | | | |
| All terms agreed to on my application will remain in fo StudentAid BC may consider information from prior ap | | | | | | | | | | |
| If Section 4 (Medical Withdrawal) is completed by doctor/couns | sellor: | | | | | | | | | |
| I consent to the release of information from my docto Skills, StudentAid BC. | r or counsellor to the Ministry of Post-Secondary Education and Future | | | | | | | | | |
| I understand that this information will be used to detected condition. | rmine whether StudentAid BC approves my appeal due to my medical | | | | | | | | | |
| CHECK PRINT STUDENT'S FIRS | T 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 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.

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

| PATIENTS'S FIRST NAME NAME OF DOCTOR/COUNSELLOR MAILING ADDRESS CITY/TOWN PROVINCE/STATE COUNTRY POSTAL/ZIP CODE AREA CODE PHONE NUMBER 1. When was this medical condition first diagnosed? 2. Given the patient's medical condition, would they have been able to maintain their initial course load for part-time studies (between 20% to 59% of a full-time course load) and complete the rest of the study period? If NO, briefly explain why: 3. Did you advise the patient to withdraw from part-time studies When was this medical condition? If YES, what was the date? MM/DD/YYYY MM/DD/YYYY A. Briefly describe the nature of the student's illness: Is this student fit to return to school? YES NO MM/DD/YYYY | PA | HEN | I'S LA | SIN | AIVIE | | | | | | | | | | | | | | | | | |
|--|-----|----------|-----------------|------------------|-----------------|-------------|-----------|---------|--------|----------|--------|-------|-------|--------|------|-------|-------|--------------|----------|------|----|------------------------|
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| SIGNATURE OF DOCTOR/COUNSELLOR PRINT DOCTOR/COUNSELLOR'S NAME MM/DD/YYYY | J. | 15 (| 1115 SU | uen | נ וונ ני | o retuff | 10 50 | 11001 | | • | | | 140 | | | | | | | | | |
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