

DEADLINE

Multiple Withdrawal/Unsuccessful Studies Appeal: six weeks before your study period ends.
Overaward Appeal: 90 days from the date you received the letter advising of your overaward.

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

You can appeal your scholastic standing when you are 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

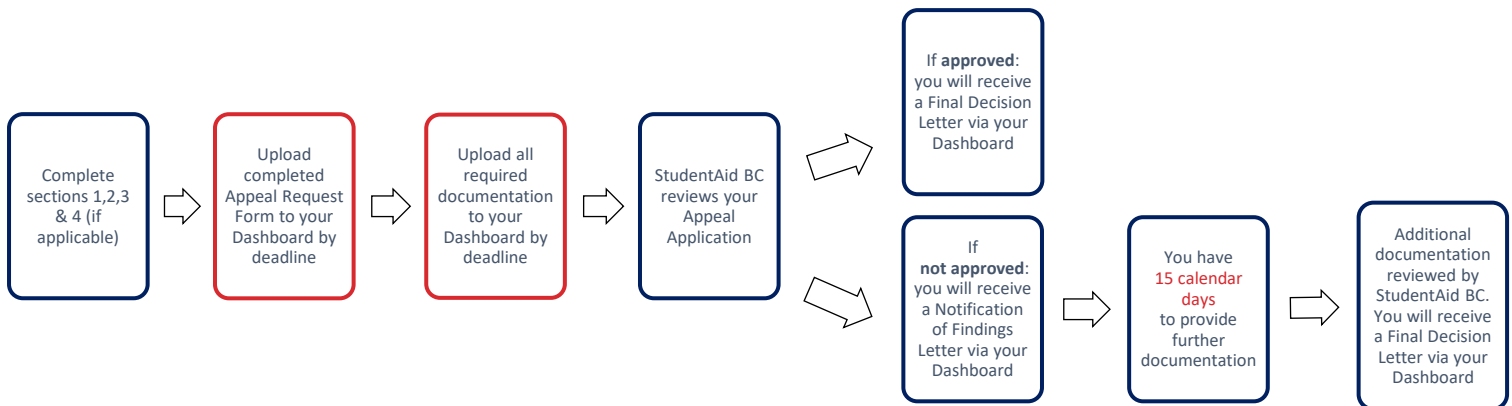
APPEAL INSTRUCTIONS

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](#).

SECTION 4 – MEDICAL WITHDRAWAL INSTRUCTIONS (if applicable)

If your appeal circumstance is due to a medical reason, Section 4 of this form is to be completed by your doctor/counsellor. Any fees charged by your doctor/counsellor to complete Section 4 are your responsibility and will not be reimbursed by StudentAid BC.

1. Fill out Sections 1 and 3 and forward this Appeal Request Form to your doctor/counsellor to complete Section 4.
2. Your doctor/counsellor will return the Appeal Request Form to you.
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

STUDENT'S APPLICATION NUMBER

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

MIDDLE INITIAL

SECTION 2 – REQUIRED DOCUMENTATION

You must upload all of the following documentation to your StudentAid BC [Dashboard](#) to support your appeal request:

A letter explaining:

- Why you withdrew on each of the two separate occasions and/or were unable to successfully complete 68 weeks of post-secondary study,
- Which Appeal Criteria (see page 1) should be considered to set aside the standard requirement that you must complete two semesters or one academic year without funding, and/or
- Which Appeal Criteria (see page 1) should be considered to set aside your overaward (only applicable to loans).

Unofficial copy of all post-secondary transcripts.

A letter from your institution indicating the program that you are enrolled in, how many credits you have left to complete, how many credits you have already completed and your estimated date of graduation.

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 force.
- StudentAid BC may consider information from prior applications in my appeal request.

If Section 4 (Medical Withdrawal) is completed by doctor/counsellor:

- I consent to the release of information from my doctor or counsellor to the Ministry of Advanced Education and Skills Training, StudentAid BC.
- I understand that this information will be used to determine whether StudentAid BC approves my appeal due to my medical condition.



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 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.

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
[Grid for patient's last name]

PATIENTS'S FIRST NAME
[Grid for patient's first name]

NAME OF DOCTOR/COUNSELLOR
[Grid for name of doctor/counsellor]

MAILING ADDRESS
[Grid for mailing address]

CITY/TOWN
[Grid for city/town]

PROVINCE/STATE
[Box for province/state]

COUNTRY
[Box for country]

POSTAL/ZIP CODE
[Grid for postal/zip code]

AREA CODE
[Grid for area code]

PHONE NUMBER
[Grid for phone number]

DOCTOR/COUNSELLOR STAMP
[Large empty box for stamp]

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? _____ **MM/DD/YYYY** If **NO**, indicate the date of illness: _____ **MM/DD/YYYY**

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

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

X SIGNATURE OF DOCTOR/COUNSELLOR
[Signature box]

PRINT DOCTOR/COUNSELLOR'S NAME
[Print name box]

MM/DD/YYYY
[Date box]

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.