

Appeal Request Form

SPOUSE/COMMON-LAW PARTNER CONTRIBUTION

USE THIS FORM IF YOUR APPEAL REQUEST IS RELATED TO CLASSES THAT BEGAN PRIOR TO AUGUST 1, 2017

You will need to refer to the [2016/2017 Policy Manual](#)

The Appeal Process

You can ask for an appeal of your assessment of financial need if circumstances set you apart from other students.

All appeal requests are reviewed by StudentAid BC staff, who will consider the information you provide and review your supporting documentation.

You must show that your circumstances differ significantly from other students.

The first steps

1. If you are attending a B.C. private school or a school outside B.C., contact StudentAid BC for help. If you are attending a public university, college or institute in B.C., we encourage you to discuss your situation with a financial aid officer at your school, as they can help with the appeal process.
2. Read the detailed information provided on the appeal forms.
3. Include a letter outlining your request, social insurance number, name and address, and attach all required documentation. Mail, fax, or email this information to StudentAid BC.

Your appeal request must include the following:

- A clear explanation of what you are appealing.
- What your situation is and why you are requesting an appeal.
- What makes your circumstances exceptional when compared with other students.
- How your circumstances prevent you from successfully completing your studies.
- What other funding options you have explored, such as part-time work, bursaries, scholarships, personal lines of credit.
- Documentation that supports your appeal.

In some cases, the appeal request will be referred to an independent appeal committee. The appeal committee includes members of the public, students, and financial aid officers from colleges, institutes and universities. Appeal committee recommendations are final. The committee will not consider submissions on policies that are not eligible for appeal.

Note: If your resources – such as student or spousal prestudy income, study period income or assets – have changed, please submit an Appendix 7: Request for Reassessment.

StudentAid BC contact information

Mailing Address:

PO Box 9173 Stn Prov Govt
Victoria BC V8W 9H7

Email Address:

SABC.AppealsUnit@gov.bc.ca

Courier Address:

c/o StudentAid BC
1st Floor
835 Humboldt Street
Victoria BC V8V 4W8

If you are calling from

anywhere in Canada/U.S.
toll-free 1-800-561-1818

Fax number

250 356-9455

If you are calling from

outside North America
250 387-6100

Toll-free fax number

1-866-312-3322

Appeal Request Form

Deadlines and Policies not eligible for appeal

Some policies and criteria are not eligible for appeal.

These include but are not limited to the following:

- Grants and/or loan funding for previous program years.
- Deadline for appeal, except where severe medical circumstances prevent submission by the deadline.
- Grant/loan overawards that result from an audit.
- Requests to issue student financial assistance **more than five months after** your study period ends.
- Standard allowances.
- Weekly maximums.
- 10-year maximum (520 weeks).
- B.C. Completion Grant.
- If the student is rehabilitated for student loans after a multiple withdrawal/unsuccessful appeal request and again withdrawals or is unsuccessful.
- Assets including stocks, shares, CSBs, RRSPs, RESPs, mutual funds, etc., unless legal reasons prevented you from selling these assets.
- Policies that are not eligible for appeal are also not eligible for consideration by the independent appeal committee.

Deadlines

Appeals submitted after the deadline will not be considered unless severe medical circumstances have prevented you from submitting the appeal, and all required documentation, on time.

- The deadline to request an appeal of an overaward, other than an overaward resulting from an audit, is 90 days from the date of the original letter mailed to you, advising you of the overaward amounts.
- The deadline to submit an appeal request for a debt management decision is six months from the date of the original letter notifying you of the outcome of your B.C. debt management assessment.
- The deadline to submit an appeal request for all other situations is six weeks before your study period ends.

StudentAid BC cannot guarantee a final decision before your study period ends if either of the following is true:

- Further documentation is required and not submitted by the appropriate deadline.
- Your request is forwarded to the independent appeals committee less than six weeks before your study period ends.

Your spouse/common-law partner is being asked to contribute more to your education than you can afford.
Your spouse/common-law partner is unable to make the expected contribution because of unforeseen, exceptional circumstances that occurred in the past 12 months.

- Layoff, strike or lockout.
- Inability to find employment.
- Medical illness/injury affecting employment income

\$.00

SECTION 3 – MONTHLY FAMILY EXPENSES

MORTGAGE /RENT	\$ _____ .00	UTILITIES		VEHICLE	
SECOND MORTGAGE	\$ _____ .00	HYDRO	\$ _____ .00	PAYMENT 1	\$ _____ .00
FOOD	\$ _____ .00	PHONE	\$ _____ .00	PAYMENT 2	\$ _____ .00
CLOTHING	\$ _____ .00	CABLE	\$ _____ .00	INSURANCE	\$ _____ .00
MEDICAL	\$ _____ .00	WATER	\$ _____ .00	GAS	\$ _____ .00
DENTAL	\$ _____ .00	HEAT	\$ _____ .00	MAINTENANCE	\$ _____ .00
OTHER*	\$ _____ .00				

* Itemize other expenses and costs.

SECTION 4 – TOTALS

TOTAL MONTHLY EXPENSES \$ _____ .00

ALL INFORMATION IS SUBJECT TO AUDIT

TOTAL MONTHLY NET INCOME \$ _____ .00

SECTION 4 – DECLARATION

TO BE COMPLETED BY THE STUDENT AND SPOUSE/COMMON-LAW PARTNER

I authorize an appeal of my assessment due to exceptional circumstances. 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.

I certify that information provided with this request is accurate and correct.

SIGNATURE OF STUDENT (IN INK)

PRINT NAME

DATE SIGNED

SIGN HERE	PRINT HERE	YEAR	MONTH	DAY
		<input type="text"/>	<input type="text"/>	<input type="text"/>

SIGNATURE OF SPOUSE/COMMON-LAW PARTNER

PRINT NAME

DATE SIGNED

SIGN HERE	PRINT HERE	YEAR	MONTH	DAY
		<input type="text"/>	<input type="text"/>	<input type="text"/>

CHECKLIST – Include the following documentation:

- ☐ A detailed letter from you explaining why your spouse/common-law partner cannot afford the amount they are being asked to contribute.
Your spouse/common-law partner must provide the following documentation:
Proof of recent layoff (within past 12 months) or proof of strike/lockout (ongoing).
- ☐ Documentation of exceptional expenses in your spouse/common-law partner's pre-study or study period that have not been covered by insurance. Please include copies of your spouse/common-law partner's insurance statements/payments.
- ☐ Proof of disability.
- ☐ List of employment contacts including names, dates and addresses.
- ☐ Copies of refusal letters and e-mails from prospective employers.
- ☐ Proof of registration with an employment centre.
- ☐ Original medical documentation, if your spouse/common-law partner is unable to work for medical reasons, clearly indicating their inability to work and the dates of the illness/injury.

Allow 4-6 weeks for processing.

PLEASE STAPLE ANY REQUIRED DOCUMENTATION TO THIS FORM.