

Student Appeal Form

Canada-Newfoundland and Labrador Integrated Student Financial Assistance Program

Instructions:

- Complete, sign and submit the form. Parent(s) or Spouse/Common Law Partner are also required to sign if the information provided relates to them.
- Provide sufficient details, complete with supporting documentation.
- Acceptable proof of unavoidable expenses are required, if applicable.

Appeal Deadlines:

- For semesters 12 weeks or greater, eight weeks prior to the end of the period of study (semester) to which the appeal relates.
- For semesters less than 12 weeks, four weeks prior to the end of the period of study (semester) to which appeal relates.

Service Standard: 14 business days from the date received.

Student's Personal Information

Student's First Name	Student's Last Name	Student's Social Insurance Number (SIN) XXX-XXX-
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Reason for Appeal

Indicate the reason(s) for requesting a review of the assessment:

- Incorrect information was used in the initial assessment
- Eligible costs/expenses were excluded from the assessment
- An error(s) was made in the calculation of assessed need
- I have extenuating circumstances that were not considered
- I want to be considered as an independent student
- Other (Please specify on the second page)

Note: If requesting a review of the need assessment for medical reasons, please complete the **Medical Appeal Form**.

Student's Declaration and Signature(s)

Student's Signature		Date
Parent 1's Name (Print)	Parent 1's Signature	Date
Parent 2's Name (Print)	Parent 2's Signature	Date
Spouse/Common Law Partner's Name (Print)	Spouse/Common Law Partner's Signature	Date

Student Appeal

Provide specific details outlining the reason(s) indicated above. (Attach additional sheets if necessary)

Parent/Spouse/Common Law Partner Appeal

My parents/spouse have extenuating/extraordinary circumstances resulting in unavoidable expenses. Description of circumstances: (Attach additional sheets if necessary.)

Collection and Use of Information:

This personal information is collected under the authority of the **Canada Student Loans Act**, **Canada Student Financial Assistance Act**, and the **Student Financial Assistance Act, 2019** (Newfoundland and Labrador) as amended from time to time and will be used to determine and verify eligibility under the federal and provincial student financial assistance programs. For any questions about the collection and use of this information, contact the Director, Student Financial Services Division, Department of Education and Early Childhood Development, Government of Newfoundland and Labrador, P.O. Box 8700, St. John's, NL, A1B 4J6 or (709) 729-5849.