Newfoundland Labrador Canada

MEDICAL APPEAL FORM

Canada–Newfoundland and Labrador Integrated Student Financial Assistance Program

(version française disponible sur demande)
Form must be completed and signed in INK.

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* (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. If you have any questions about the collection and use of this information, contact the Director, Student Financial Services Division, Department of Advanced Education, Skills and Labour, Government of Newfoundland and Labrador, P.O. Box 8700, St. John's, NL, A1B 4J6 or (709) 729-5849.

Instructions:

- If you are requesting that a restriction and/or overawards be removed from your file due to a medical withdrawal, this form must be completed by you and your doctor.
- Complete Sections A and forward this form to your doctor to complete Section B. Please return the completed form to the Student Financial Services Division, P.O. Box 8700, St. John's, NL A1B 4J6, by fax (709) 729-2298, or email to studentaid@gov.nl.ca.
- Any fees charged by your doctor to complete this form are your responsibility and will not be reimbursed by the Student Financial Services Division.

Please include:

- A letter explaining the extenuating circumstances that caused the withdrawal, dropped course(s) and/or overaward(s). For example, if you were enrolled in five courses and dropped two courses during the semester for medical reasons, you must provide an acceptable rationale outlining why only two courses were affected.
- Medical information (Section B of this form).

SECTION A Personal Information

I authorize an appeal of my assessment due to exceptional circumstances. I certify that information provided with this request is accurate and correct. I consent to the release of information from my doctor to the Student Financial Services Division. I understand that this information will be used to determine whether the Student Financial Assistance policy will apply due to my extenuating circumstances.

Last 3 digits of Social Insurance Number: XXX–XXX–

Surname

First Name and Initial(s)

Signature of Student

Date (yy/mm/dd)

SECTION B Extenuating/Medical Circumstances (To be completed by your doctor)

Name of Doctor

Mailing Address

City/Town

Province

Postal Code

Area Code and Telephone Number

Official Stamp of Practitioner

1. When was the patient's medical condition first diagnosed?

2. Given the patient's medical condition, would he/she have been able to continue full-time studies and complete the rest of the study period? ◯ Yes ◯ No

   If **NO**, briefly outline the medical condition and why the student was not able to continue in full-time studies.

3. Did you advise the patient to withdraw from full-time study due to his/her medical condition? ◯ Yes ◯ No

   If **YES**, what was the date?

   If **NO**, indicate the date of illness: to

4. Indicate the estimated time period that his/her academic studies were/will be affected. From to

5. Indicate the date that you expect he/she will be considered medically able to resume studies. Date (yy/mm/dd)

Signature of Doctor

Date (yy/mm/dd)

Please fax to 709-729-2298, email to studentaid@gov.nl.ca or mail to Student Financial Services Division, Department of Advanced Education, Skills and Labour, P.O. Box 8700, St. John's, NL A1B 4J6