

STUDENT/PARENT APPEAL FORM 2018-19

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.

Last Name

First Name and Initial(s)

Social Insurance Number

Instructions:

- Complete, sign and submit the form. Parent(s) or spouse are also required to sign if the information provided relates to them.
- Provide sufficient details, complete with supporting documentation, to support your request.

APPEAL DEADLINE

Eight weeks prior to the end of the period of study (semester) to which financial assistance being reviewed relates. Deadline date for semesters less than 12 weeks – four weeks prior to the end of the period of study (semester), to which financial assistance being reviewed relates.

SERVICE STANDARD

Appeals will be reviewed within 14 business from the date received.

SECTION A STUDENT APPEAL

Indicate the reason(s) you are requesting a review of your 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

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

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

SECTION B PARENTAL APPEAL

Indicate the reason(s) you are requesting a review of your assessment.

- My parents' income has been significantly reduced.

	Full Name of Parents	Total expected gross income for 2018
Parent #1		
Parent #2		

Provide an explanation for the reduced income.

Proof of BOTH parents' 2018 gross income to date is required. (including ALL Employment Income, Employment Insurance, etc.)

- My parents have extenuating/extraordinary circumstances resulting in unavoidable expenses.

Description of circumstances: (Use additional sheets if necessary.)

Proof of expenses is required in ALL situations. (including receipts, invoices, etc.)

SECTION C DECLARATION AND SIGNATURE(S)

I (we) declare that the information contained above is correct to the best of my (our) knowledge. I (we) make this declaration knowing that it is an offence under the *Canada Student Financial Assistance Act* and Regulations and the *Student Financial Assistance Act* (Newfoundland and Labrador) to knowingly make any false statements or misrepresentation in an application or other documentation or to willfully furnish any false or misleading information in relation to a Canada and/or Newfoundland and Labrador Student Loan.

I (we) understand and agree that any overawards resulting from the use of expected income will be recovered from future entitlements (i.e., loans and grants).

I (we) agree to notify the Student Financial Services Division if there is a change in the total expected 2017 income reported.

Signature of Student

Date

Signature of Parent # 1

Date

Signature of Parent # 2

Date

Print Name of Spouse

Signature of Spouse

Date

Please fax to 709-729-2298, email to studentaidmailbox@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