

# STUDENT/PARENT APPEAL FORM - TIER ONE

## Canada - Newfoundland and Labrador Integrated Student Loans Program

(version française disponible sur demand)

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 Student Financial Services Division, Department of Education, Government of Newfoundland and Labrador.

Student Name

Social Insurance Number



### Instructions:

- This form is to be used if you wish to have your needs assessment reviewed.
- Complete, sign and submit the form by the deadline date. [8 weeks prior to the end of the period of study (semester) to which financial assistance being reviewed relates]. For semesters less than 12 weeks, the deadline date is four weeks prior to the end of the period of study (semester) to which financial assistance being reviewed relates.
- Provide sufficient details, complete with supporting documentation, to substantiate your request.

## SECTION A

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

1.  Incorrect information was used in the initial assessment. (Complete Section B)
2.  Eligible cost/expenses were excluded from the assessment. (Complete Section B)
3.  An error(s) was made in the calculation of assessed need. (Complete Section B)
4.  I have extenuating circumstances that were not considered. (Complete Section B)
5.  I want to be considered as an independent student. (Complete Section B)
6.  My parents' income has been significantly reduced. (Complete Section C)
7.  My parents have extenuating/extraordinary circumstances. (Complete Section D)
8.  Medical Reasons. (Complete Medical Appeal Form)
9.  Other. (Complete Section B)

## SECTION B

Provide specific details pertaining to the reason(s) indicated in Section A. (Use additional sheets if necessary)

## SECTION C

	Parental Income from line 150 of 2008 income tax return	Total expected income for 2009
Parent 1		
Parent 2		

Provide an explanation for the reduced income and proof of parental income to date in 2009:

Applicant's Social Insurance Number

Required if submitted separately

## SECTION D (To be completed if #7 was checked in Section A)

In situations where parents have unavoidable expenses, the disposable income could be reduced on a case by case basis. A detailed description of the circumstances and proof of expenses will be required in all situations.

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

## SECTION E 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 over-awards resulting from the use of expected income will be recovered from future entitlements (i.e., loans & grants).

I(we) agree to notify the Student Financial Services Division if there is a change in the total expected 2009 income reported.

Signature of Student

Social Insurance Number

Date

Signature of Parent # 1 (Guardian/Spouse)

Social Insurance Number

Date

Signature of Parent # 2 (Guardian/Spouse)

Social Insurance Number

Date

## APPEALS PROCESS

There is a two-tier appeal process available.

### TIER ONE

To access tier one of the process you must submit a written appeal, including supporting documentation, to the Student Financial Services Division. An Appeals Officer will review your file to determine whether program policies and procedures were correctly applied and to consider any extenuating circumstances that may apply to your particular case.

**The Deadline: Eight weeks prior to the end of the period of study (semester) to which financial assistance being reviewed relates. The 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.**

### TIER TWO

If you are dissatisfied with the outcome of the tier one appeal, you can submit a written request for a further review of your case by the External Appeals Board. You have the option of appearing before the Board to present your case. The decision of the Board is binding on all parties.

**The Deadline: Six weeks prior to the end of the period of study (semester) to which financial assistance being reviewed relates.**

Please fax this form to 709-729-2298 or mail to: Student Financial Services Division,  
Department of Education, at: P.O. Box 8700, St. John's, NL A1B 4J6