

## Medical Appeal Form

### Canada-Newfoundland and Labrador Integrated Student Financial Assistance Program

**Instructions:**

- Students and their medical professional must complete this form if they are requesting that a restriction and/or overaward be removed from their file due to a medical withdrawal. Complete Section A and forward this form to the medical professional to complete Section B.
- StudentAidNL will not reimburse any fees charged by the medical professional to complete this form.

**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.

**Note:** Include a letter explaining the medical circumstances that caused the withdrawal, dropped course(s) and /or overaward(s).

**A. Student's Personal Information**

I authorize a review of my application 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 medical professional to the Student Financial Services Division.

Student's First Name	Student's Last Name	Student's Social Insurance Number (SIN)  XXX-XXX-
Student's Signature	Date	

**B. Medical Circumstances (to be completed by the Medical Professional)**

Name of Medical Professional	Medical Office Stamp
Province	
City/Town	
Telephone Number	

<p>Would the student have been able to continue full-time studies and complete the semester given the stated medical condition(s)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If <b>No</b>, indicate the nature of the medical condition and briefly explain why the student was not able to continue in full-time studies. (Attach additional information, if necessary)</p>
<p>Estimated dates academic studies were/will be affected by medical condition:</p> <p>From _____ to _____</p>	<p>Indicate the date the student is expected to be medically able to resume studies:</p>
<p>Medical Professional's Signature</p>	<p>Date</p>

**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, Government of Newfoundland and Labrador, P.O. Box 8700, St. John's, NL, A1B 4J6 or (709) 729-5849.