

## Financial Appeal Policy | Guidelines

This policy applies to all students who are charged fees in accordance with their enrollment/engagement with Lakehead University. The Accounts Receivable unit governs the administration of this form and procedure and reserves the right to make any necessary changes to this policy without notice. It is the sole responsibility of the student to submit a Financial Appeal. Please read the following guidelines carefully:

1. All students are responsible for paying all applicable fees related to their program of study before the appeal process has begun. Students must also drop the courses in question, and/or withdraw from their program in order to be eligible.
2. Students are expected to familiarize themselves with the Lakehead University Fees Policy, Payment Due Dates, Refund Policy, and the relevant Refund Schedule.
3. Appeals will not be considered on the grounds that the student was unaware of or did not understand University policies.
4. Financial Appeals will not be considered 6 months after the semester in which the fees apply to.
5. Financial Appeals will not be considered for completed courses, or courses which the student intends to complete. Under special circumstances, exceptions to this guideline will be made provided that supporting documentation has been submitted.
6. Fees that have been paid through OSAP or other external funding may be refunded directly back to the funding agency. The Lakehead University Refund Policy will apply to any eligible refund.
7. Financial Appeals will be considered when appropriate grounds exist. Please note that financial hardship does not establish grounds for appeal.  
The following is an example of appropriate grounds:
  - a. Medical Reason – Includes the unforeseen onset of a physical or psychological illness, condition, or crisis. Under these circumstances, students will need to provide all supporting medical documentation issued by a physician or psychologist.  
*NOTE: ongoing conditions are not normally considered grounds for appeal.*
  - b. Compassionate Grounds – Includes extenuating circumstances such as eviction, death of a family member, or other life crises.
  - c. Other Reasons – Includes an unforeseen event or circumstance, outside of the students' control, that resulted in time delays/additional fees.
8. Supporting documentation must be included with all Financial Appeals. If supporting documents are not included, and/or if the Financial Appeals form is missing information, the appeal will not be reviewed until all documents and details have been provided.
9. Financial Appeals can take 6-8 weeks to process. The student will be contacted once a decision has been made by the Lakehead University Financial Appeals Committee.
10. Any information submitted during the Financial Appeal Process will be held private as per the Lakehead University Privacy Policy.

**Contact Information**


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Student Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Program: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Courses Involved in Appeal**


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Course Name	Course Code	Term	Date Dropped	Credit Weight

**Reason for Appeal**


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<input type="radio"/>	Medical Reason	Unforeseen onset of physical or psychological illness, condition, or crisis.
<input type="radio"/>	Compassionate Grounds	Extenuating circumstances such as eviction, death of a family member, or other life crisis.
<input type="radio"/>	Other Reasons	Unforeseen events or circumstances that resulted in time delays outside of student's control. Please briefly explain below.
		Explain:

**Application Declaration**


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By signing below, I agree that my Financial Appeal is ready for review by the Financial Appeal Committee. I have attached all necessary documentation, including doctor's notes, correspondence between departments, etc. I have read the Financial Appeal Guidelines, and fully understand and accept them. I understand that all decisions regarding this appeal made by the Financial Appeals committee are final.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**


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Date Stamp: \_\_\_\_\_

Received by: \_\_\_\_\_  
 Comments: \_\_\_\_\_