FINANCIAL AID APPEAL FORM

Name_______________________________________ Date___________________

Address_____________________________________________________________
Street
City
State
Zip

Banner ID @________________ Official major____________________________________

Tel#_______________________ Email address____________________________________

Which year and semester is this request being considered for _________________

You have 14 days from the date of being notified of the Financial Aid Office’s decision in which to submit your appeal form. If you do not submit your appeal during this time period, your appeal may not be considered. Return this form to the Director of Financial Aid, Room 216. You will receive a response within 14 days.

Your appeal will be decided on the basis of:
1. Your written statement described below
2. Attached Supporting documentation from a third party source
3. Attached Degree Evaluation (see included instructions)

Fully describe the extenuating circumstances that prevented you from making satisfactory progress. Be as specific as possible. Federal regulations consider personal injuries, serious illness, death of a family member, and undue hardship as the result of a special circumstance as acceptable reasons.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
I certify that the information contained in this appeal is true and complete to the best of my knowledge:

_________________________________________

Student’s Signature

Financial Aid Review recommendation:

_____ Approved

_____ Denied

_____ Special Conditions
STUDENT ACKNOWLEDGEMENT

I, __________________________, student Banner Id#:____________ agree to enroll for only the remaining courses that are needed to complete my degree. If I should take any other courses I will be responsible for all charges.

Signature: _____________________________ Date: ________________