



# Letter of Appeal

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Current Address \_\_\_\_\_ Phone \_\_\_\_\_

Appeal is for: Year \_\_\_\_\_  FALL  SPRING  SUMMER

I hereby request, for the reasons stated below, reinstatement of my eligibility to receive financial aid.  
(Please check)

- Incomplete grades from last semester (Grades must be officially changed in the Registrar's Office before eligibility is reviewed)
- Missing grades from last semester (attach memo from instructor with the correct grade and reason why grade was missing; Grades must be officially changed in the Registrar's Office before eligibility is reviewed)
- Failure to successfully complete the minimum number of required semester credits hours (attach explanation)
- Failure to maintain minimum cumulative G.P.A. (attach explanation)
- Financial Aid Suspension time has elapsed (not enrolled for one semester, summer semester does not count)
- Medical conditions (attach statement from physician)
- Death in the immediate family (attach obituary, memorial pamphlet)
- Personal circumstances (attach documentation)
- Failure to successfully complete a degree in the maximum number of credits required (attach explanation and DEGREE PLAN)
- Other (please explain and attach documentation)

I personally certify under penalty of perjury that the foregoing and accompanying documentation is true and correct. I understand that the appeal will not be reviewed until supporting documentation is received. Appeals must be turned in by posted deadlines or my potential aid will be canceled. Award packaging for appeals granted is subject to change. I understand that the decision of the Financial Aid Committee is final.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* For Office Use Only \*\***

Appeal is:  APPROVED  DENIED Date \_\_\_\_\_

\_\_\_\_\_ Academic Dean

\_\_\_\_\_ Financial Aid

