



Name: \_\_\_\_\_

ID#: \_\_\_\_\_ Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent

Address: \_\_\_\_\_  
Street Address City State Zip

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Campus / Local

Address: \_\_\_\_\_  
Street Address City State Zip

**Part A: Basis for Appeal  
(Mark One)**

- Death of a Relative of the Student**
- An Injury or Illness of the Student**
- Other Special Circumstances beyond the student's control**
- Enrolled more than 150% of time frame required for graduation**

On a separate sheet(s), prepare a written explanation of the Basis for Appeal indicated above. It is important that your explanation be specific and includes what happened and how the situation has changed to allow for academic success. Documentation supporting your appeal must be attached or your appeal will be delayed.

**Part B: Instructions for Submitting Appeals**

Your appeal letter *and* supporting documentation must be included with this form and submitted by mail, email or fax to the Financial Aid Office.

**Review of Appeals:** The committee will review your 1) academic transcript, 2) letter of appeal and 3) all submitted documents. You will be notified by postal mail or by email of the decision made with respect to your appeal within two weeks following receipt of your appeal in this office.

