

Financial Aid Appeal Request Form

Instructions: Use this form to request a re-evaluation of your financial aid eligibility due to extenuating circumstances. Please fill out all sections, print the form, and submit it to the Financial Aid Office along with your supporting documentation.

1. Student Information

Student Full Name:

Student ID Number:

Email Address:

Phone Number:

Current Academic Term and Year (e.g., Fall 2024):

2. Reason for Appeal

Please indicate the circumstance that best describes your situation (type "YES" next to the applicable reason):

Loss of Income / Change in Employment Status:

Unusual/Unexpected Medical or Dental Expenses:

Divorce or Separation of Parents/Spouse:

Death of a Parent or Spouse:

Other Special Circumstances (Please specify):

3. Written Explanation of Circumstances

Provide a brief explanation of your situation below. (If printing to fill by hand, use the lines provided):

4. Required Documentation Checklist

Please list the documentation you are attaching to support this appeal (e.g., tax returns, medical bills, termination letters):

Document 1:

Document 2:

Document 3:

5. Certification and Signature

By signing below, I certify that all information reported on this form and in the supporting documentation is complete and accurate to the best of my knowledge.

Student Signature (Sign after printing):

Date: