



Number \_\_\_\_\_

## Office of Advising Services

### Title IV Financial Aid: Academic Eligibility Appeal Form: 2011-2012

Please print clearly.

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

ID number: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_@\_\_\_\_\_

### Student Release of Information

*You must sign this release in order for your appeal to be reviewed by the committee.*

**I understand that my appeal and any attached documentation will be forwarded for review by the committee.**

\_\_\_\_\_  
student signature

\_\_\_\_\_  
date

### Directions

**Use the second page of this form for the written statement of your appeal. You must be specific in stating the reasons for your appeal and you must provide supporting documentation, such as proof of recent grade changes, medical notes, etc. These documents will not be returned.**