

Number _____

Office of Advising Services

Title IV Financial Aid: Academic Eligibility Appeal Form: 2009-2010

No appeal submitted after 5pm on Monday, August 10, 2009 will be considered.

Please print clearly.

Last name: _____

First name: _____

ID number: _____

Telephone: _____

E-Mail: _____@_____

Appeal Schedule

Submission Deadline Date	Decision Available for Pick Up
5pm on Monday, August 10, 2009	12noon on Monday, August 17, 2009, in 1119 East <i>Decisions must be picked up in person.</i>

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.

