

**Student Financial Aid**

Student Name \_\_\_\_\_ Univ. ID # \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I wish to be reinstated to receive financial aid beginning (check one):  Fall  Spring  Summer 20\_\_\_\_\_

**AFTER FIRST DENIED APPEAL (Select one of two options below) –**

1. **ADDITIONAL INFORMATION TO SUPPORT MY APPEAL**; I would like the Appeals Committee to review the additional information. Please provide explanation of what additional information has been provided and the applicable third-party supporting documentation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I am providing **INFORMATION ON A CHANGE IN MY SITUATION SINCE MY APPEAL WAS REVIEWED** by the Committee; I would like the Appeals Committee to review this information. Please provide explanation of what change has occurred in your situation since last appeal was reviewed and the applicable third-party supporting documentation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFTER SECOND DENIED APPEAL –**

My appeal has been denied twice by the committee. I do not agree with their decision.  
**PLEASE GIVE MY APPEAL TO THE VICE CHANCELLOR OF ENROLLMENT MANAGEMENT** to be reviewed.

(Attention Financial Aid Advisor: If a student is submitting this form and has marked the third box, please be sure they have two previously denied requests.)

\_\_\_\_\_  
Required Student Signature

\_\_\_\_\_  
Date

***If typed/electronic signature is submitted, this form will be considered incomplete and financial aid will be delayed.***

*For office use only:*