Maximum Timeframe Appeal Form
REQUESTING REINSTATEMENT OF FINANCIAL AID

__________________________________   ____________________   (PRINT CLEARLY)
Name                                             Phone

____________________   ____________   _____________________________________
Student ID#                     Date                           E-mail Address

Instructions:
1. Use this form as your cover page for the appeal.
2. Please write a short letter answering the following questions: 1) Why didn’t you graduate within the credit hour limit; 2) Why should your financial aid be reinstated?
3. Supporting document(s): Either of the following documents will be accepted as a supporting document: a) an academic plan signed by your advisor that shows **ALL** of the classes you need to complete your degree and the term of completion (academic plans form attached); or b) a completed and approved graduation application.
4. Bring this completed form, letter and supporting documents to the Financial Aid Office.
5. You will be notified if you are scheduled for a Committee Review.
6. If you have a federal work-study job, you are ineligible to work until your financial aid is reinstated.

**OFFICE USE ONLY**

Appeal Approved: ______  Appeal Approved/Aid Modified: _____  Appeal Denied: _____
Action taken: _______________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

☐ APDEC

Financial Aid Office: Email is: fao@eou.edu
Fax #: 541-962-3661