

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