

Student Aid Appeal Cover Page

The Appeal Committee meets on the second and fourth Wednesday of the month. You must have your appeal letter, cover, and documentation turned into the Financial Aid Office by 3:00 p.m. the Monday before the committee meets.

Name:

Student ID / SS#:

Address:

Email:

City, State, Zip:

Phone:

What is your degree program?

When do you expect to graduate from that program?

I am appealing to receive Financial Aid for (mark only ONE): Fall 20__ Spring 20__ Summer 20__

Please complete the following three steps for your appeal.

1. Fill in the information requested in the top section of this page using the address at which you wish to receive the results of your appeal. Write a letter to the Financial Aid Appeal Committee detailing every circumstance that prevented you from maintaining satisfactory academic progress. Please be specific, as your appeal will be decided solely on the basis of information that you submit. It would be helpful if you would please type your letter.
2. Attach to your letter any supporting documents such as medical records, death certificates, or letters from health care professionals that have corresponding dates, which document the extenuating circumstances, described in your appeal letter.
3. Give a copy of your appeal letter and any accompanying documentation to the ASU-Beebe Financial Aid Office.

STUDENT CERTIFICATION

I certify that all of the information on this form and any attached, supporting documents, is true, complete, and accurate to the best of my knowledge. I further understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of any financial aid received. By signing, I certify that I understand the Committee's decision is final.

Student's Signature

Date

For Office Use Only:

Comments: _____

Decision: Approved

Disapproved

Appeal Committee Chair

Date