

2014 - 2015 APPEAL FORM

Name _____ SSN# _____ ID# _____
(please print)

Student Signature _____ Date _____

Address _____
(street) (city) (state) (zip)

Semester and Year of Appeal _____ Phone # _____
(semester) (year)

Purpose for this appeal:

Grant _____ Out-of-State Scholar _____ Other _____

Please complete this form and return it to our office. Attach the following:

- a **typed**, detailed explanation of the reason(s) you are submitting this appeal
- supporting documentation verifying information stated on your appeal

I certify that this information is true and correct to the best of my knowledge. If I provide false or misleading information, I understand that I may be subject to fine, prison or both.

Student Signature _____ Date _____

Office Use: Appeal Decision

Approved _____ Denied _____ FAO Signature _____ Date _____

Comments _____
