

GENERAL FINANCIAL AID APPEAL FORM

2014-2015

STUDENT LAST NAME:	FIRST:	MI:	STUDENT ID #:
LOCAL ADDRESS:			ZIP:
PHONE:		E-MAIL:	
<input type="checkbox"/> ARIZONA ASSURANCE <input type="checkbox"/> GATES <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> NURSING <input type="checkbox"/> PHARMACY <input type="checkbox"/> GRAD ELLER			
I AM APPEALING THE DECISION MADE REGARDING:			
<input type="checkbox"/> Resource (Income) Re-evaluation		<input type="checkbox"/> Cost of Attendance (Budget) Re-evaluation	
<input type="checkbox"/> Petition for Dependency Override		<input type="checkbox"/> Satisfactory Academic Progress Appeal	
<input type="checkbox"/> Other extenuating circumstances previously reviewed by the Office of Scholarships and Financial Aid: _____			
NAME OF COUNSELOR WHO MADE INITIAL DECISION:			

FINANCIAL AID APPEAL POLICY

Students have the right to appeal any financial aid decision previously reviewed by the Office of Scholarships and Financial Aid. However, **this form is not intended for scholarship appeals.** All students have the right to an initial formal appeal as well as a final appeal. All appeals must be in writing and are reviewed by a Financial Aid Counselor. Final appeals are reviewed by an ad hoc committee of which the initial deciding counselor is not a voting member.

SUBMITTING YOUR APPEAL

(Students may use these suggestions to assist in the appeal process)

1. Before submitting a final appeal, be sure to use the specific resources available to you in order to aid in the appeal process. There are forms available on our website specific to most financial aid concerns. These forms are available at <https://financialaid.arizona.edu/managing-my-aid/financial-aid-forms>. You should also speak with your Financial Aid Counselor prior to submitting an appeal.
2. If the above resources do not assist in your particular situation, you may submit an appeal in writing. Describe in detail the reasons or circumstances that warrant a review of the financial aid decision.
3. Attach documentation of your extenuating circumstances. Any documentation which supports your statement will assist in our review. Failure to substantiate your circumstances may result in your appeal being denied for lack of documentation. Use this form as a coversheet for your written statement and documentation.

CERTIFICATION STATEMENT

All of the information provided with the submission of this appeal is true and complete to the best of my knowledge. If necessary, I agree to provide further proof of the information that I have given. I understand that submission of an appeal does not guarantee a change to my financial aid award.

Signature _____ Date _____