GENERAL FINANCIAL AID APPEAL FORM

2017-2018

STUDENT LAST NAME:	FIRST:	MI:	STUDENT ID #:
LOCAL ADDRESS:			ZIP:
PHONE:	E-MAIL	:	
ARIZONA ASSURANCE UA C	Online Campus		
I AM APPEALING THE DECISION MA	DE REGARDING:		
☐ Special Circumstances Form	☐ Satisfact	ory Academic Pro	gress Appeal
Petition for Dependency Overr	ide		
□ Non-Resident Resource Evaluat □	ion Consideration		
Other extenuating circumstance	es previously reviewed by the (Office of Scholars	hips and Financial Aid:
□ one one out of the outer of	oo promously remember 29 time s		
	s must be in writing and are re	eviewed by a Fina	the right to an initial formal appeal ancial Aid Counselor. Final appeal t a voting member.
	SUBMITTING YOUR A		
·	nay use these suggestions to a	• •	•
appeal process. There are f	orms available on our website nancialaid.arizona.edu/forms.	specific to most f	nilable to you in order to aid in the financial aid concerns. These form o speak with your Financial Aid
•		ation, you may su	bmit an appeal in writing. Describ
in dotail the reasons or sire	umstances that warrant a revi		
		nces Any docu	MANTATION WINICH CLINNOPTS VIOLE
3. Attach documentation of	_		
3. Attach documentation of statement, will assist in ou	r review. Failure to substant	iate your circum	stances may result in your appea t for your written statement and
3. Attach documentation of statement, will assist in ou	r review. Failure to substant	iate your circum as a covershee	stances may result in your appea



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.