



## Institutional Financial Aid Appeal Form

Last: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Request for Aid Year: \_\_\_\_\_  
Are you a:   Commuter or   Resident   Did you complete the FAFSA:   Yes   No

Provide the reason for your appeal. Include any supporting documentation that will help us understand your circumstances. Please feel free to attach additional pages if necessary:

**For Office Use Only**

EFC: \_\_\_\_\_ Aid: \_\_\_\_\_ Credits: \_\_\_\_\_ Balance: \_\_\_\_\_

Status: \_\_\_Approved \_\_\_Denied   Date Notified: \_\_\_\_\_

Comments: