



Office of Financial Aid – K 1.700
3201 W. Pecan Blvd., McAllen TX 78502
Phone: (956) 872-8375*Fax: (956) 872-6461

FINANCIAL AID APPEAL

0708

Students who are placed on financial aid suspension and have extenuating circumstances (illness, death in the family, accidents, etc.) that were a factor in not meeting the Financial Aid Satisfactory Academic Progress Policy may appeal. During the appeal process the student must be prepared to pay his/her own expenses, such as tuition, fees, books, supplies, etc.

INSTRUCTIONS

- ◆ This form must be filled out completely and turned in along with any attachments.
- ◆ It is required that you provide a **clear WRITTEN statement describing the circumstances** that prevented you from meeting the Financial Aid Satisfactory Academic Progress Policy and how your situation has now changed.
- ◆ **DOCUMENTATION supporting the extenuating circumstances must be included and available for review, otherwise your appeal will be denied. Below are some examples of acceptable documentation.**
 - Copies of medical records
 - Copies of automobile repair receipts
 - Letters from other agencies or businesses with information relevant to your appeal on their letterhead
- ◆ Appeals will be approved/disapproved by the Financial Aid Appeals Committee.
- ◆ No additional appeals will be accepted/reviewed for the same semester after the first appeal has been denied.
- ◆ Appeals will only be accepted for the current award year.
- ◆ All decisions made by the Financial Aid Appeals Committee are **final**.

STUDENT INFORMATION

Name: _____ SSN: _____-_____-_____

Major: _____

Requesting appeal for (check only one term): Year ____ Fall ____ Spring ____ Summer ____

I acknowledge that it is my responsibility to check on the final result of this appeal through the Office of Financial Aid. My signature on this appeal binds me to all the conditions stated on this document.

Student Signature: _____ Date: _____

OFFICE USE ONLY

G. P. A.: _____ Attempted Hours: _____ Earned Hours: _____

Results: A D P Date: ____/____/____

Committee Members Signature

Comments/Recommendation: _____

Financial Aid SAP Policy Appeal Checklist

_____ The front side of this form, student information section, filled out and signed by the student

_____ Clear written or typed statement describing the circumstances that prevented you from meeting the Financial Aid Satisfactory Academic Progress Policy requirements and how your situation has now changed.

_____ **Documentation supporting the extenuating circumstances must be included and available for review, otherwise your appeal will be denied. Below are some examples of acceptable documentation.**

- Copies of medical records
- Copies of automobile repair receipts
- Letters from other agencies or businesses with information relevant to your appeal on their letterhead