



# Financial Aid Appeal Form Traditional Undergraduate

Financial Aid

2500 E. Nutwood Ave.  
Fullerton, CA 92831  
(714) 879-3901  
FAX (714) 681-7423

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Email: \_\_\_\_\_

Complete this form in its entirety. It will not be presented to the Appeal's Committee for review and consideration if incomplete. Please provide as much detail in section 1 and 2 as possible. A thorough explanation will help with committee make an informed decision and improves the opportunity to have your aid reinstated.

## 1. SPECIAL CIRCUMSTANCES

Describe any circumstances that you feel we should consider in reviewing your appeal. Please provide supporting documentation if applicable.

## 2. PLAN FOR RESOLVING DEFICIENCIES AND GRADUATION

Describe how you intend to resolve your academic deficiencies. Include course related information, your plan of action to graduate, and any study habit, time management, or behavior habit changes you will undertake.

## 3. REGISTRAR OFFICE

The student is academically clear to register for  Fall  Spring 20\_\_\_\_ semester.

The student is **not** currently academically clear to register for  Fall  Spring 20\_\_\_\_ semester and must meet with his/her Dean for approval.

**Note: If not approved, please take this form to your Dean for signature. If your Dean is unavailable, please set an appointment to meet with Dr. Edgington, VP for Academic Affairs, or Karen Clark, Chair, Liberal Studies Department.**

Registrar/Assistant Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY: