Financial Aid Appeal Form

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. **You must submit your appeal with an advisor's signature and unofficial transcripts attached.** 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. ADVISOR CERTIFICATION AND COMMENTS

I have reviewed the information provided by the student as well as attached transcripts and would like to make the following edits and/or comments:

_____ _____ _____ _____

Student Signature *Date* *Advisor Signature* *Date*

FOR OFFICE USE ONLY: