



Financial Aid Appeal Form OUG and GRAD

Financial Aid

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

Name: _____ ID#: _____

Complete this form and have your advisor complete his/her section. Attach a copy of your unofficial transcripts from HIU. Once the form has been received and reviewed by the University Scholarship and Appeal's Committee, you will be notified in writing of a decision.

1. REASON FOR APPEAL (*check all that apply*)

- ☐ Low GPA
☐ Deficient Units

2. SPECIAL CIRCUMSTANCES

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

3. 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.

4. 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's Signature

Date

Advisor's Signature

Date

FOR OFFICE USE ONLY: