FINANCIAL AID APPEAL FORM

PLEASE NOTE: If you are planning to take summer session classes to make-up the credits you need in order to meet the academic progress requirements, you do NOT need to complete this form. Upon receipt of your summer credits, please contact the Office of Financial Aid to re-evaluate your total credits earned.

_____________________________________          ______________________________
Student's Name (Please Print)                           MU ID #

__________________________________________________________       ______________________________
Address (Street or Box Number)      City,        State,   Zip Code                      Telephone Number

I am requesting that the Financial Aid Committee review my case due to the following extenuating circumstance(s):

_____ Student Illness   _____ Illness or death in family   _____Other

In support of your case, you MUST provide the Financial Aid Committee with the following important information:

1. A DETAILED explanation of your circumstance(s) and how they affected your inability to meet the required number of credits during the past semester(s).
2. What has changed that will allow you to make progress by the end of the next academic year?
3. What is your plan to ensure that you will meet progress standards?
4. Backup documentation: Submit appropriate documentation/letters to verify your extenuating circumstances. Examples of this include: a letter or note from a doctor, counselor or psychologist; any obituaries or news articles of a deceased family member.

I understand that without documentation verifying an illness or death in the family, my appeal will not be considered until appropriate documentation is provided. Appeals based on being unaware of the Academic Progress Policy will not be considered as this policy is provided with financial aid awards and is posted on the website.

I give permission to the Financial Aid Committee to review my financial aid records, my academic records, and my judicial records, which are on file at Millersville University.

SIGN HERE ________________________________   ________________
Student's Signature                 Date

RETURN TO: Dwight Horsey, Chairperson, Financial Aid Committee
Office of Financial Aid
Millersville University
PO Box 1002
Millersville, PA 17551-0302

Updated 5/15/14