Millersville University
SEIZE THE OPPORTUNITY

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 my case, I am providing the Financial Aid Committee with the following;

1. A detailed explanation of my circumstance(s) and how my circumstances affected my inability to meet the required number of credits during the past semester(s).
2. Appropriate documentation/letters to verify my situation (from doctors, etc.).

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.

Please use the reverse side of this sheet or an additional sheet for your explanation of circumstances.

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