

Financial Aid Appeal Application

Appeal of Financial Aid Decision or Administrative Error

Full Name (First and Last): _____ Student ID: _____
 Date of Birth: ____ / ____ / ____ Phone: (____) _____ Email: _____

Pursuant to Florida Statutes section 1009.42, the University makes available to its students the right to appeal decisions related to the award and/or administration of financial aid. A student may submit an appeal when the student has sufficient reason or proof to support a grievance with the Office of Financial Aid related to the award and/or administration of financial aid. The student must submit this form along with supporting documentation to the Office of Financial Aid so that it is received by the office on or before the last day of classes for the semester the financial aid award decision or error is related to or the appeal will be denied. See also University policy FPU-7.0021P Financial Aid Appeals.

APPEAL APPLICATION CHECKLIST

<input type="checkbox"/>	1. Complete this form and sign and date it
<input type="checkbox"/>	2. Provide a signed, typewritten letter that describes in detail the decision or error being grieved with the Office of Financial Aid (also referred to as "office"). You must explain in detail the circumstances of the grievance and identify the terms or awards that have been affected in the administration of your financial aid. Some of the reasons that a student may file an appeal include, but are not limited to: <ul style="list-style-type: none"> • The student does not agree with a decision the Office of Financial Aid has made with regards to an award or disbursement of an award. • The student believes administrative errors have occurred in the awarding or disbursement of the student's financial aid. • The student wishes to receive clarification or explanation regarding decisions made or assessed to their account.
<input type="checkbox"/>	3. Attach supporting documentation related to the circumstance provided in your letter. Documentation must support or verify your basis for appeal. Documentation must come from credible sources. Examples of acceptable documentation include but are not limited to: <ul style="list-style-type: none"> • Previous bills or statements from the University • Scholarship letters or certificates from donors or scholarship foundations • Verification documentation, including tax transcripts or dated verification worksheets, marked as "received" by the Office of Financial Aid • Official transcripts from other schools • Letters or documents received from state or federal agencies which support the appeal <p style="margin-top: 10px;">Documentation such as personal statements from family members or friends is not approved by the financial aid staff. Statements of interest made by an individual in reference to the event should be from third parties who hold public positions such as police officers, clergy or counselors.</p> <p style="text-align: center; margin-top: 10px;">ALL DOCUMENTATION WILL REMAIN ON FILE IN THE FINANCIAL AID OFFICE DO NOT SUBMIT ORIGINAL RECORDS</p>
<input type="checkbox"/>	4. Appeals submitted without supporting documentation will be considered Inconclusive and will be placed on pending status for 30 days. If the Office of Financial Aid does not receive the additional documentation during the 30 day period, the appeal will be denied.

REVIEW TIMELINE: The Financial Aid Appeal Committee will review appeals on a first in-first out basis within 15 business days of the date the Appeal Application is received by the Office of Financial Aid. The office will notify the student of the appeal decision by sending a copy of the decision to the student’s University email address. **Submission of the Appeal Application and the required documentation does not guarantee that the appeal will be approved by the committee.**

CERTIFICATION: I certify the information on this Financial Aid Appeal Application, my letter, and any supporting documentation is accurate, true and complete to the best of my knowledge. I will provide other information as requested by the Office of Financial Aid. I understand that if I provide false information, such may be cause for the denial, reduction, and/or repayment of student financial assistance.

Student Signature: _____ **Date:** _____

Print Name: _____

Office of Financial Aid to Complete (student leave blank)

Date Appeal Application received in Office of Financial Aid: _____

Financial Aid Appeals Committee (student leave blank)

Approved:	Denied:	Inconclusive:
Comments:		

Signature (Appeals Committee Chair)

Date

Office of Financial Aid to Complete (student leave blank)

Date copy of the decision emailed to the student: _____