### Appeal For All Aid

#### STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Student Name</th>
<th>AU Student ID</th>
<th>Daytime Phone</th>
<th>AU Email Address</th>
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You are not eligible for any federal, state, or institutional financial aid. Submit this form to indicate your decision:

- [ ] I WILL NOT APPEAL. I AM NOT RETURNING TO AURORA UNIVERSITY AT THIS TIME.

- [ ] I CHOOSE TO APPEAL THE LOSS OF MY FINANCIAL AID FOR THE SELECTED SEMESTER(S):
  - [ ] Summer 2016
  - [ ] Fall 2016
  - [ ] Spring 2017

Submit an attached statement to appeal. Follow the outline below.

*Please note, only situations beyond your control are considered acceptable reasons by the Department of Education.*

1. Write clearly and concisely.
2. Double-check for typos and grammatical errors.
3. Include answers to the questions below:
   - a. What were the specific factors that contributed to your academic difficulties? *i.e. personal or family health emergency or another extenuating situation*
   - b. What has changed in your situation that will now allow you to be academically successful?
   - c. If your aid is reinstated, what specific steps would you take to assure the university that these issues will not occur again? *i.e. improve study and/or life habits, obtain professional support as needed, etc.*
4. Attach valid documentation* to substantiate the reasons that you provided in your statement. *i.e. medical bills, hospitalization records, accident reports, military obligations, etc.*

*If you are referencing a medical situation you must provide thorough documentation from a licensed source.

#### CERTIFICATION:

To the best of my knowledge, all of the information provided with this form is true and complete. If asked by the Satisfactory Academic Progress Committee, I agree to provide additional proof of the information submitted in my appeal.

__________  ____________
Student Signature          Date

**For Office Use Only:**

| Comments: |
|___________|
| ___ Approved Term-By-Term (2.0 Term GPA) | ___ Re-evaluate after summer grades submitted |
| ___ Approved Term-By-Term (3.0 Term GPA) | ___ Denied (No Aid) |
| ___ Approved Term-By-Term (Quantitative) | ___ Approved for the year |

Signature: __________________________ Date: __________________________

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FAC16APL 6/1/16