



2017-18 Appeal for All Aid

STUDENT INFORMATION

Student Name _____ AU Student ID _____

Daytime Phone _____ AU Email Address _____

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 2017

FALL 2017

SPRING 2018

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: _____