UNIVERSITY OF ALASKA FAIRBANKS
FINANCIAL AID OFFICE
101 EIELSON BUILDING, PO BOX 756360
FAIRBANKS, AK 99775-6360
phone: (907) 474-7256 or 1-888-474-7256
fax: (907) 474-7065
email: financialaid@uaf.edu

FINANCIAL AID APPEAL

Name: ________________________________________________

UA Student ID (eight-digit): ______________________________

This is an appeal for reinstatement of financial aid for:

| circle one: | FALL | SPRING | SUMMER | year: ________ |

INSTRUCTIONS:
On a separate sheet, explain the reason for failure to maintain satisfactory academic progress and your plan to successfully complete the required credits with the minimum cumulative GPA of 2.00 during the next semester. Be specific about the reasons for your appeal.

The reason for failure to make satisfactory academic progress standards must be clearly beyond your control. The following conditions may allow an appeal to be approved:
- Major disruption of family life, such as divorce, death or serious illness in the immediate family (attaché supporting documentation).
- Student’s serious illness or medical complications (attach supporting documentation).

If this is your 3rd appeal you are required to submit a letter of support and an academic plan from your academic advisor. The UAF Academic Advising Center staff are available for General Studies, Undecided, and Pre-Major students. All other students should contact their department assigned advisor.

Student’s Statement: I affirm that the information given in this appeal is true and correct and I authorize the Financial Aid Office to verify any of the information submitted.

___________________________________________    ________________________
Student’s signature         Date

If you apply for financial aid in anticipation of an approval of your appeal and your appeal is denied, all financial aid will be canceled.

THE DECISION ON THIS APPEAL WILL BE MADE WITHIN THE NEXT 3-5 BUSINESS DAYS

APPEAL DECISION: □ APPROVED □ DENIED
COMMENTS:

___________________________________________    ________________________
Signature of Financial Aid Administrator         Date

revised 9/2008