FINANCIAL AID APPEAL FORM

FINANCIAL
AID OFFICE

1537 University blvd.
Morrilton, AR 72110

(501) 977-2055
financialaid@
uaccm.edu

www.uaccm.edu

Name: _____

Date of Birth: _____ **Student ID No.:** _____

Mailing Address: _____
(Street address, P.O. Box, Rural Route, Etc.)

_____
(City) (State) (Zip) (County)

Phone No.: _____ **Email Address:** _____

Degree Sought At UACCM: _____ **Anticipated Graduation Date:** _____

Semester or Academic Year Financial Aid Reinstatement Requested: _____

Students who have lost their eligibility for financial aid due to lack of satisfactory academic progress may appeal for reinstatement of their eligibility if circumstances beyond their control prevented them from meeting the established standards.

To appeal, submit the requested information below that pertains to your situation. Your responses should be provided on separate paper and attached to this form with supporting documentation.

1. Provide your own statement describing the reasons and the circumstances that caused you to fail to meet the required standards. It is important that you demonstrate a clear and thorough understanding of why you experienced academic difficulties so that you will be able to take sufficient steps in the future to improve your academic performance and meet the prescribed standards. Be specific in your explanation since incomplete information may cause a delay in the review of your appeal or a denial of your request. REQUIRED
2. Provide a second statement outlining the specific steps you intend to take in the next semester to improve your academic performance. This statement should be thorough and detailed, demonstrating your commitment to achieving the required grade point average and/or percentage of completed credits. REQUIRED
3. Attach documentation that supports your appeal. If, for example, the deficiency was caused by medical problems or personal injury, provide supporting evidence from a physician or hospital. Other forms of documentation might include a letter from a counselor or therapist, copy of obituary or death certificate in the case of the death of a family member, etc. REQUIRED
4. Provide an unofficial copy of your current UACCM transcript, and copies of transcripts from any previously attended institutions (this may be obtained from the Registrar's Office). Also, provide a copy of your schedule for your semester, if this information is not reflected on your transcript. REQUIRED
5. Sign and attach this form to your written statements and documentation and return it to:

University of Arkansas Community College at Morrilton
ATTN: Financial Aid Appeals Committee
1537 University Blvd.
Morrilton, AR 72110

By signing below I report that to the best of my knowledge, all of the information contained in this appeal is complete and correct. Additionally, I give permission to the UACCM Financial Aid Office permission to provide copies of the submitted information to the UACCM Financial Aid Appeals Committee. I further give the UACCM Financial Aid Office permission to share with the committee information about my possible aid eligibility and previous aid eligibility.

Signature: _____ **Date:** _____
(Student)