



2011-2012
Financial Aid Office
Financial Aid Appeal Form

Students wishing to appeal a financial aid decision must complete this form and return it to the Financial Aid Office. Appeals, including all supporting documentation, must be submitted according to appeal deadlines listed below in order to receive funding for that term. The Financial Aid Appeals Committee meets once a semester during the academic year. Incomplete petitions will not be reviewed. Requests to reinstate aid for a semester that has ended, cannot be honored.

Name _____

Social Security # _____ Current Phone # _____

Current Address _____

City State Zip

(This is where we will mail the results of the appeal).

Request Aid Reinstated For:

Fall 11 _____ Spring12 _____ Summer 12 _____

Please check the reason you are completing this appeal and follow the appropriate directions on the reverse side.

_____ Hour Deficiency, Completed less than 70% of Hours Attempted.

_____ Low Grade Point Average. (Less than required according to Standards of Academic Progress).

_____ Exceeded Maximum Hours for Degree Completion.

Other _____

Four horizontal lines for additional information.

Reason For Appeal: (Please Type or Print) Remember to attach all appropriate documentation.

1. **What were the circumstances that prevented you from meeting the standards? Explain how this affected your academic performance.**

2. **What is your plan to resolve the problem (s)?**

Signature _____

Date _____

**Return to:
Briar Cliff University
Financial Aid Office
3303 Rebecca St.
Sioux City, IA 51104**

www.briarcliff.edu