Athletic Aid Appeal Form

Name (print) _____ **RMU ID#** _____

Address_____

Phone Number _____ **Email Address**_____

Use the space provided below to explain the reason why you feel that the cancellation or reduction of your athletic scholarship was unjust. Please be as specific as possible and attach relevant supporting documentation.

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Signature _____ **Date** _____

Do you wish to attend the appeals committee meeting? Yes/No (please circle your choice)

Do Not Write Below This Line

Office Use Only

Date of Review: Final Decision:

Signature of Committee Chairperson: _____

RETURN TO: Financial Aid Office, 6001 University Blvd, Moon Township, PA 15108 f:412.397-6499/finaid@rmu.edu