



FINANCIAL AID APPEAL FORM

This form should only be completed by students who have lost financial aid due to academic reasons and wish to appeal for the reinstatement of their awards. It is recommended that you provide documentation to support your case. The Financial Aid Appeals Committee typically meets once per month, oftentimes the last working Monday. A letter informing you of the committee's decision will be mailed to you shortly after your appeal has been reviewed. The decision of the board is final and cannot be re-appealed. If necessary, you may attach additional pages.

NAME: _____ **RMU ID:** _____

ADDRESS: _____

PHONE NUMBER: _____ **EMAIL:** _____

ANTICIPATED GRADUATION DATE: _____

Please state the reason why you are submitting this appeal form and describe the circumstances that have led to your academic difficulties at Robert Morris University.

Please explain the changes you have made in order to help you succeed at Robert Morris University. Please provide specific information about changes in your life circumstances such as health concerns, family situations, financial matters, and employment issues.

Do you wish to attend the appeals committee meeting? Yes No
(Please note, the student must present their own case)

STUDENT'S SIGNATURE: _____ **DATE:** _____

RETURN TO: Robert Morris University - Financial Aid Office, 6001 University Blvd, Moon Township, PA 15108

FOR OFFICE USE ONLY

DATE OF REVIEW:		DECISION:	
ACADEMIC PLAN (if applicable):	Length	GPA	Credits
SIGNATURE OF COMMITTEE CHAIRPERSON:			