FINANCIAL APPEAL FORM  
Office of Student Financial Services

Name:___________________________________________    RMU ID: _____________

Address:___________________________________________ _____________________
___________________________________________________ ____________________ 

Daytime Phone: _________________________     E-mail: ________________________ 

Subject of Appeal: ________________________________ ________________________

Instructions: Please attach a written detailed explanation of the appeal. Include any additional documentation that may be useful.

Do you wish to attend the Appeals Board Meeting?   YES*    NO
If you circle “YES”, you will be contacted regarding the date and time.

• If you fail to appear at the designated date/time, the Appeals Board will base their decision on the information provided. Your case will not be rescheduled. If you request to attend the meeting, you will be given 15 minutes to present the case. Only the student is permitted to attend the meeting. Legal counsel or a third party will not be permitted to represent the student.

Please note the following:
• The Financial Appeals Board meets on the last Monday of each month. In order to insure your case is heard, the completed appeal form and written explanation must be received by Student Financial Services no later than one week prior. Failure to do so will delay the case to the next month’s meeting.
• Once the Financial Appeals Board makes a decision, you will be notified, in writing, within 5-7 business days. All decisions involving a financial credit will be given toward a future term.
• The Financial Appeals Board is a judicial board of RMU; the processes, procedures, and decisions are fully supported by the administration and board of trustees. **Therefore, the decision of the Financial Appeals Board is final.**
• The Financial Appeals Board will not hear the following cases: academic or financial aid appeals, appeals concerning medical withdrawals, account balances derived from the return of Title IV fund or appeals of non-academic fees.
• By signing below, you are indicating that you have read and understand the above information.

Student signature______________________________ Date: ____________________

Mail completed form to: Robert Morris University, Student Financial Services; 6001 University Blvd., Moon Township, PA 15108

OFFICIAL USE ONLY:
Staff Member:____________________________________ D ate: __________________