Albany State University

OFFICE OF FINANCIAL AID

FINANCIAL AID APPEALS PETITION

Student's Name: _____ _____ ____ RamID#_____
Last First MI

Demographic Information

1. Date of Birth: _____/_____/_____

2. Permanent Street Address: _____

3. Permanent City: _____ 4. State: _____ 5. Zip: _____

6: Permanent Phone#: ( ) _____ - _____ 7. Mobile Phone#: ( ) _____ - _____

8. Email Address: _____

9. Last Semester / Current Semester of Enrollment: _____ 10. Term Appeal is for: _____

APPEALING SUSPENSION OF FINANCIAL AID FOR:

Qualitative Measurement

☐ (Grade Point Average (GPA) below 2.0)

Quantitative Measurement

☐ Not completing 67%
☐ Attempted more than 190 hours
☐ Attempted more than 30 Remedial Hours (Learning Support and Regents Combined)

APPEAL PROCESS

A. Complete this form and attach your appeal letter written in business letter format using the outline below to the Albany State University Financial Aid Appeals Committee
   I. Why I failed to make SAP
      Explain in detail the circumstances that caused you not to meet the SAP requirements
   II. What has changed that will allow you to make SAP at the next evaluation
      Explain in detail your current status and what has changed that will allow you to meet the SAP requirements
B. Attach a copy of your unofficial grade report (this can be printed from Banner Web)
C. Attach a copy of any transcripts from other institutions that you wish to include
D. Attach all documentation regarding the circumstances which would assist the committee in making a decision.
E. Signature:

_____ _____
Student Date

Appeal Decision

Approved_____ Denied_____ Pending_____ _____ _____
Committee Member (Signature) Date

Comments:_____

_____

_____

The appeal decision is binding. Students cannot appeal this decision for this semester unless there is additional supporting documentation that was not submitted in the student's original appeal. Students can only submit a total of five (5) appeals throughout their academic career.

*****NOTE: Any appeal letters that are not written based on the outline above cannot be read by the appeals committee *****

ALBANY STATE UNIVERSITY • 504 COLLEGE DRIVE • ALBANY GEORGIA 31705
TELEPHONE (229) 430-4650 • FAX (229) 430-3936 • EMAIL-IFINAID@ASURAMS.EDU