

# MARIAN UNIVERSITY

Indianapolis

## Financial Aid Appeal Form

Marian University 3200 Cold Spring Road Indianapolis, IN 46222

Phone: (317) 955-6040

Fax: (317) 955-6424

### Student Information

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_@marian.edu

Daytime Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Please mark the box in front of the semester for which you are seeking to have your financial aid situation reviewed:

Fall \_\_\_\_\_ (Year)

Spring \_\_\_\_\_ (Year)

Summer \_\_\_\_\_ (Year)

#### Academic Program:

Traditional

MAP

Other \_\_\_\_\_

### Step #1

Please mark the box below which best indicates the reason for which you are filing an appeal:

I wish to appeal my eligibility for aid due to unsatisfactory progress. I have appealed with the academic dean.

I wish to appeal the loss of my academic scholarship for failing to maintain a cumulative GPA of 3.0.

I wish to appeal the eligibility for my Marian University aid for use beyond 8 semesters.

I wish to appeal the financial aid policy or decision listed below:

\_\_\_\_\_

Other: \_\_\_\_\_

**Complete Step #2 on the back of this form**

#### Office Use Only

Approved  Denied  Fall  Spring  Summer Date Approved \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Denied and Reason \_\_\_\_\_

