## **Financial Aid Appeal Form**

Marian University 3200 Cold Spring Road Indianapolis, IN 46222

Phone: (317) 955-6040 Fax: (317) 955-6424

Student Information  Student ID:		
Name: Student ID:		
Name: Student ID:		
Address: City, St, Zip:		
Email Adress:@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:		
Complete Step #2 on the back of this form  Office Use Only		

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

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

## Step #2

State the reason(s) for your appeal. A few examples may include failing a academic major, unforeseen/extenuating circumstances, or a special circumstances. If applicable, include steps taken to correct this situation in	cumstance where you feel an exception should
Signature:	Date:/