



COLUMBUS STATE
UNIVERSITY

REQUEST FOR FINANCIAL AID APPEAL

Name _____ Day telephone number _____

CSU ID # or Social Security # _____

Address _____ City _____ State _____ Zip Code _____

This appeal is a request to the Financial Aid Appeals Committee for review of the extenuating circumstances which affected your enrollment/academic performance in meeting the Satisfactory Academic Progress Policy Standards. The policy is available online at http://www.colstate.edu/future/cost/finaid_policies.asp. When giving the reason for the appeal, be as specific as possible. Explain what interfered with your enrollment/ grades, give important dates (such as the beginning and ending dates of a major illness), and state how your enrollment/grades were affected. **Allow 3 WEEKS for the processing of your appeal.**

††SUPPORTING DOCUMENTATION IS REQUIRED FOR MAXIMUM CONSIDERATION.††

Examples of acceptable documentation are: medical documents which include the specific dates of treatment and a description of the medical condition with the signature of a physician or physician representative on the physician's letterhead, death certificate, birth certificate, funeral program or divorce decree. If your employment is involved, provide a statement from your employer on company letterhead with the dates and times relevant to your appeal. Include your name and CSU ID number on each submitted page.

Signature _____ Date _____

Return this form to : Financial Aid Office , Columbus State University, 4225 University Avenue, Columbus, Ga 31907-5645

FOR OFFICE USE ONLY:
 Qualitative Financial aid gpa _____
 Quantitative Completion rate _____ % _____ Earned of _____ Attempted Hours
 Over max time frame _____