

Student Financial Aid Saulsbury Campus Center 201 W. University • Odessa, TX 79764 financialaid@odessa.edu (432)335-6429 • Fax: (432) 335-6824

FINANCIAL AID APPEAL

SECTION A: STUDENT INFORMATION				
Date:	Student ID Number:			
Name:(Please print)	Last	First		Middle
Email:	Phone:			
Semester for which you are requesting the Financial Aid Appeal approval (circle one):				
Fall	Spring	Summer		Year:
The deadline to turn in an appeal is one month after your first class day for which you are appealing (2 weeks after the first class day for summer.)				
Reason for Appeal:	□ GPA		Pace	□ Max Timeframe
SECTION B: PERSONAL STATEMENT				
 Submit a typed statement that includes the following: An explanation of the circumstances that have led to this suspension of financial aid. Please be as specific as possible. Provide any documentation you feel will support your statement. Your academic goals and specific plans to achieve them. If your appeal is for Max Timeframe, please provide a copy of your completed "timeline" from Student Planner in the Wrangler Portal. 				
SECTION C: ACKNOWLEDGEMENT				
Please handwrite initials next to each of the following items as an indication that you understand them.				
I certify that all information in this Financial Aid Appeal is true and complete to the best of my knowledge.				
I understand that if my appeal is approved, I must successfully complete 100% of the courses for which the semester is approved.				
I understand that it is my responsibility to check back at the end of each term to ensure I am meeting requirements or if necessary to submit an additional appeal.				
FA OFFICE ONLY				

Initials: _____ Date: _____ Decision: approved / denied