

request for special review



Name _____

Student ID# _____

Address _____

City, State, Zip _____

Phone # _____ E-mail Address _____

Major/Program _____ Semester/Year _____ Credits enrolled for _____

Including financial aid, what assistance are you currently receiving? _____

Please complete this form by selecting the item(s) which represent(s) your specific request(s). Provide a complete explanation for your request(s). Our acceptance of this request form does not guarantee that we will be able to provide the assistance requested. Funding, eligibility and other educational factors will determine the outcome. Your request should only be for direct educational expenses.

I want to be considered for extra funds in the amount of \$_____. Funds will cover the following educational expenses (attach lists and prices for the items that will be covered by this request.): _____

There is a change in my status that needs to be considered. Explain here and attach supporting documentation. _____

I have a specific question about my financial aid file/status regarding satisfactory progress, enrollment requirements, etc. Explain here. _____

Reinstate/cancel my financial aid for the _____ semester. Explain here _____

Submitting this request does not guarantee that funds will be available and awarded.

Student Signature _____ Date _____

For Office Use Only: Disapproved Approved Amount: \$_____ Type of Aid: _____

Comments: _____

Financial Aid Representative _____ Date: _____