



Office of Financial Aid

Carter 1005, Campus Box 33, Greeley, CO 80639
Phone: (970) 351-2502 Fax: (970) 351-3737 Email: ofa@unco.edu

FINANCIAL AID INELIGIBILITY APPEAL FORM

Print Name _____ Bear # _____

Current Phone _____ Bear Email Address (required) _____@bears.unco.edu

What semester are you requesting reinstatement? _____ (indicate one semester only)

You are completing this form because you are ineligible to receive financial aid at UNC due to your academic performance. If you feel there are extraordinary circumstances that caused this situation, you are entitled to an appeal. The following guidelines should be used when completing this appeal:

1. **On a separate page (must be in a computer formatted document e.g. Microsoft Word)**, put in your own words the extraordinary circumstances you feel prevented you from meeting the minimum academic requirements set forth by the Office of Financial Aid. *Please include your Name and Bear ID on this separate page.* **Deficiencies for all semesters must be addressed. This document must be signed by you.**
2. **Provide a plan of action moving forward addressing circumstances identified in personal statement.**
3. **Provide documentation from outside sources supporting your extraordinary circumstance.** Your documentation must demonstrate that a positive resolution of whatever the situation was\is will occur with respect to the term for which you are appealing for aid. Your appeal WILL NOT be accepted if not adequately documented from outside sources. (NOTE: IF YOUR APPEAL RELATES TO A **DOCUMENTED DISABILITY**, YOU MAY CONTACT THE OFFICE OF DISABILITY SUPPORT SERVICES (DSS) at (970) 351-2289 TO DISCUSS HOW TO OBTAIN A LETTER OF SUPPORT).
4. Appeals must be received at least three weeks prior to the end of the requested semester. Requests to reinstate aid for a semester that has ended cannot be honored.
5. This Financial Aid Ineligibility Appeal Form and all supporting documentation must be received in the Office of Financial Aid. Faxes accepted at (970) 351-3737.

I attest the information submitted with this appeal is correct and accurate. I understand that incomplete appeals will not be reviewed.

X
Student Signature

Date

For office use only:

_____ Hour Deficiency: completed less than 67% of hours attempted **AND/OR**

_____ Low Grade Point Average: (Undergraduates below 2.00 Graduates below 3.00)

Counselor OUT _____
Initials Date

Counselor IN _____
Initials Date

Staff Comments:

Print Name _____ Bear # _____

Office of Financial Aid Use Only:

APPEALED PRIOR? Yes No

Outcome:

PENDING:

Missing signature(s)

Missing support docs

Other

Email sent: _____

PASS—student meeting Satisfactory Academic Progress

DENIED: _____

PROBATION:

Deficient credits: _____ Cumulative GPA: _____ Semester GPA needed to reach a 2.00 or 3.00: _____ Current credit hours: _____

PLAN:

Must complete _____ credit hours with a UNC term OR cumulative grade point average of _____ by the end of _____ term.

Needs to meet with Counselor? Y or N

____ 1st of multiple

____ One semester only

Committee's Initials: _____

Email Sent: _____