



## FINANCIAL AID APPEAL FORM

**Please read the following instructions before completing this form. This form should only be completed by students who have lost financial aid or scholarships due to academic reasons or who have lost an athletic scholarship and wish to appeal for the reinstatement of their awards.**

1. Please answer each question to the best of your knowledge. Please try to be as specific and thorough as possible. If necessary, you may attach additional pages.
2. Please type your answers or print using blue or black ink.
3. **You must provide documentation to support your case** in order for the Financial Aid Appeals Committee to review this appeal. For example, if you are appealing for financial aid because you have experienced illness that caused academic difficulties, then please provide medical bills and/or statements. Any additional documentation that you provide will be helpful to the Financial Aid Appeals Committee.
4. This form should be returned to: Office of Financial Aid  
Financial Aid Appeals Committee  
6001 University Boulevard  
Moon Township, PA 15108-1189  
Fax: 412-262-8601
5. The Financial Aid Appeals Committee typically meets on the last working Monday of every month. A letter informing you of the committee's decision will be mailed to you shortly after your appeal has been reviewed.

**NAME** \_\_\_\_\_

**DAYTIME PHONE** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**SOCIAL SECURITY# or RMU ID#** \_\_\_\_\_

Do you wish to attend the appeals committee meeting?  
Is this appeal based on the loss of an athletic award?

Yes ☐ No ☐  
Yes ☐ No ☐

If this is a financial aid appeal, please state the reason why you are submitting this appeal form and describe the circumstances that have led to your academic difficulties at Robert Morris University.

---

---

---

---

---

---

Please explain the changes you have made in order to help you succeed at Robert Morris University. Please provide specific information about changes in your life circumstances such as health concerns, family situations, financial matters, and employment issues.

---

---

---

---

If this is an athletic appeal, please explain why your athletic award should be reinstated.

---

---

---

---

---

---

**STUDENT'S SIGNATURE**

**DATE**

(Supporting documentation must be included with this appeal form)

**Do Not Write Below This Line**

**FOR OFFICE USE ONLY**

**DATE OF REVIEW**

**FINAL DECISION**

**SIGNATURE OF COMMITTEE CHAIRPERSON**

**ADDITIONAL COMMENTS**

---

---

---