



FINANCIAL AID APPEAL FORM

Please type or **print neatly**.

Name _____ OC ID or SSN: _____
Address _____ Major _____
City _____ State _____ Zip _____ Phone # _____

ATTACH RELEVANT DOCUMENTS SUCH AS A DOCTOR'S EXCUSE OR MEDICAL DOCUMENTATION, ACCIDENT REPORT, OBITUARY, BIRTH CERTIFICATE, ETC. FAILURE TO DO SO WILL RESULT IN A SIGNIFICANT DELAY IN PROCESSING THIS APPEAL!

1. To what do you attribute your academic failure?

2. What measures have you taken to solve the problems or change the circumstances that have contributed to your poor academic performance?

Student's signature _____ Date _____

Date of committee hearing: _____ Waiver by Financial Aid Officer: _____

Action Taken by Appeals' Committee:

- 1. Reinstated ()
- 2. Reinstated with stipulations ()
- 3. Suspension upheld ()
- 4. Other ()

Stipulations: _____

