



## FINANCIAL AID APPEAL FORM

Please type or print neatly.

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

The questions below are designed to give you a chance to explain what has contributed to your academic performance. Please answer each question thoroughly. Please attach additional sheets of paper if more room is required.

**ATTACH ANY RELEVANT DOCUMENTS, SUCH AS A DOCTOR'S EXCUSE, ETC.**

1. To what do you attribute your academic failure?

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

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Student's signature \_\_\_\_\_ Date \_\_\_\_\_

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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 ( )

Committee Members:

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Stipulations: \_\_\_\_\_

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**This form is to be returned with relevant documents to:**  
**Odessa College Student Financial Services 201 W. University- Rm 203, Odessa, Texas 79764**  
**Phone: (432)335-6429 Fax: (432)335-6824**