

Student Financial Aid Saulsbury Campus Center 201 W. University • Odessa, TX 79764 financialaid@odessa.edu (432)335-6429 • Fax: (432) 335-6824

FINANCIAL AID APPEAL

SECTION A: STUDENT INFORMATION					
Date:	Student ID Number:				
Name:					
(Please print)	Last	First		Middle	
Email:	Phone:				
Appeal Deadline dates below, to avoid delays in aid disbursement. Create a payment plan if					
application is submitted after deadline:					
Fall Term: July 15 th	Spring Term: Decen	nber 15 th	Summer	r Term: May 1	5 th
Semester for which you are requesting the Financial Aid Appeal approval (circle one):					
Fall	Spring	Summer	Academic Year:		
Reason for Appeal:	□ GPA		Pace		Max Timeframe
SECTION B: PERSONAL ST	ATEMENT				
 An explanation of the circumstances that have led to this suspension of financial aid. Please be as specific as possible. Provide any documentation you feel will support your statement. Your academic goals and specific plans to achieve them. If your appeal is for Max Timeframe, please provide a copy of your completed "timeline" from Student Planner in the Wrangler Portal. 					
SECTION C: ACKNOWLEDGEMENT					
Please handwrite initials next to each of the following items as an indication that you understand them.					
I certify that all information in this Financial Aid Appeal is true and complete to the best of my knowledge.					
I understand that if my appeal is approved, I must successfully complete 100% of the courses for which the semester is approved, achieve a minimum grade of "C" or better in all courses, and may not withdraw or drop any classes during the approved semester(s).					
I understand that it is my responsibility to check back at the end of each term to ensure I am meeting requirements or if necessary to submit an additional appeal.					
FA OFFICE ONLY					
Initials: Date: _	Decisi	ion: <u>appı</u>	oved / deni	<u>ed</u>	