



Southern University Law Center
 Office of Financial Aid
 Post Office Box 9294
 Baton Rouge, Louisiana 70813-9294
 (225) 771-2141 (225) 771-5890 fax

**FINANCIAL AID
 APPEAL APPLICATION**

Submit completed form to the Office of Financial Aid along with the following:

- Typewritten personal statement that caused your financial aid suspension
- Supporting documents to substantiate your reason. Examples of proper documentation:
 - ❖ A doctor's statement/letter
 - ❖ Death certificate with a notarized statement regarding kinship to the deceased. *Funeral programs and newspaper obituaries are only accepted with other forms of certification.*
 - ❖ *Accident report*
- All supporting documents and application must arrive together.
- Faxes, late documents and applications will not be accepted.
- All appeals must be completed by the student on suspension or probation and NOT by parents, guardians, friends or other parties.

STUDENT INFORMATION

NAME: _____ **SSN** _____ **SID** _____
LOCAL ADDRESS: _____
PERMANENT ADDRESS: _____
CONTACT # () _____ **DATE OF BIRTH** _____ **CLASSIFICATION** _____

APPEAL INFORMATION

Semester/Year Applying: _____ **Is this your first financial aid appeal:** ___ Yes ___ No

REASON FOR APPEAL:

- Illness of student
- Illness of immediate family member (Provide name and relationship)
- Accident/injury of student
- Accident/injury of immediate family member (Provide name and relationship)
- Death of immediate family member (Provide name and relationship)
- Unexpected change in work schedule
- Judicial matters
- Other (SPECIFY) _____

Semester/Session of Occurrence: _____

CERTIFICATION STATEMENT

By signing this form, I understand that I have provided accurate information. I have read and understood the information being provided. Please allow at least 7 to 10 business days for processing.

Student Signature: _____ **Date:** _____

OFFICE USE ONLY:

PRIOR APPEAL _____	APPROVED _____	DENIED _____	DEFERRED _____	COMMENTS _____
COMMITTEE MEMBER SIGNATURE _____	DATE _____			
COMMITTEE MEMBER SIGNATURE _____	DATE _____			
COMMITTEE MEMBER SIGNATURE _____	DATE _____			