CLARK ATLANTA UNIVERSITY

Financial Aid Appeal Form

The Office Of Financial Aid
223 James P. Brawley Drive
Atlanta, GA. 30314
404.880.8992 Office - 404.880.8070 Fax

Student Name: _____
Phone Number: _____
Address: _____
_____
_____

Student ID Number: _____
Graduate _____ Undergraduate _____
Transcript Report Cumulative GPA: _____
Transcript Report Credit Hours: _____
Dates Of Earlier Appeals: _____

Student's Statement

Limit To Space Provided Below

State any extenuating circumstances which led to the unsatisfactory academic performance and provide the supportive documentation. Indicate plans or circumstances which will lead to the improvement of your academic performance.

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_____ _____
Student's Signature Date

Do Not Write Below This Line

Financial Aid Appeals Committee Assessment

Academic Year: _____

Eligibility: _____**Approved** _____**Denied**

_____
Signature & Date

_____
Signature & Date

Financial Aid Appeals Committee Assessment

Comments/Conditions: _____
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