

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: 900 Graduate: Undergraduate: Transcript Report Cumulative GPA: Transcript Report Credit Hours: Dates of Earlier Appeals:
STUDENT'S STATEMENT (Limit to Space Provided Below)	
Student's Signature:	DATE:
DO NOT WRIT	E BELOW THIS LINE
Financial Aid Appeals Committee Assessment Academic Year:	Financial Aid Appeals Committee Assessment Comments/Conditions:
Eligibility: ApprovedDenied	Comments/ conditions.
Signature and Date	
Signature and Date	
Signature and Date	