Chapter 35 XDVD Exemption Appeal Form

Semester_____ Year____

Please complete this form if you did not meet the necessary requirements to receive the Chapter 35 XDVD exemption. Please attach any necessary documentation such as transcripts, accident reports, letter from physician or employer, legal documents, etc with your appeal. Submit this completed form to Financial Aid and Scholarships

Name:_____ SSN:_____

Address:_____

Phone Number: _____ Email Address:_____

Explanation:_____

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Student's Signature:_____ Date:_____

OFFICE USE: No. of Appeals:_____ Comments_____

Approved:_____ Denied:_____ _____

Signature:_____ Date:_____