



Financial Aid Appeal Form

Semester to begin receiving aid (If Approved) _____ **Year** _____

Name (Print) Student ID

Permanent Address City State Zip

Email Address Phone No. Cell No.

Complete this form if you did not meet the necessary academic requirements to receive Title IV Federal Financial Aid.

Attach three copies of all of the following to have your appeal reviewed:

- Statement of appeal including that must include:**
 - a. Circumstances that led to unsatisfactory performance,
 - b. What is different now that will help you be successful,
 - c. Why your appeal should be approved.
 - d. Current cumulative GPA and number of semesters expected to graduate.

- Documentation supporting claims** (i.e. medical documents, accident reports, etc.)

- Transcript(s)** (can be unofficial – printed from IQWeb/Self-Service, or unofficial copies from other universities attended)

- Copy of degree audit check sheet** (completed by student, available online at <http://academics.lsu.edu/Degrees/auditForms.aspx>.)

By my signature below: I certify that the attached information is a true and accurate reflection of my academic performance and the events that prevented my meeting the academic requirements to receive Federal Student Financial Aid at LSU Alexandria. I also understand that it is my responsibility to submit a completed appeal, which includes three copies of all documents requested on this form. I also understand that submission of a completed appeal does not guarantee approval by the Financial Aid Appeals Committee.

Signature: _____

Date: _____