Financial Implications Of Appeal

The purpose of this form is to explain the financial impact of your appeal request. The numbers presented are based on tuition and fees only.

Name: __________________________________________   ID Number: __________________
Which academic term is being appealed: __________________
What date are you asking to backdate your withdrawal to: ____/____/______

(Section to be completed by Student Financial Services)

Corresponding Refund Period based on withdrawal date: 100%  75%  50%  25%  No Refund
Percentage of Aid Earned: ______ %
Aid that would be Returned:

<table>
<thead>
<tr>
<th>Aid Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Grants</td>
<td>$</td>
</tr>
<tr>
<td>State Grants</td>
<td>$</td>
</tr>
<tr>
<td>Institutional Grants and Scholarships</td>
<td>$</td>
</tr>
<tr>
<td>Student Loans</td>
<td>$</td>
</tr>
<tr>
<td>Parent Loans</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

Adjustment to Tuition and Fees: -$______________
Current Balance Due: $ ______________
**Balance due after Appeal:** $ ______________

Additional Comments: ____________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Financial Aid Signature: ____________________________________________ Date: ______________
Student Accounts Signature: ____________________________________________ Date: ______________

(Check one)

☐ I understand that the appeal before the Academic Hearing Board, would have the financial implications explained above. The financial changes are based on the data I have provided and are subject to change based on the final decision of Academic Hearing Board. I would like to proceed with the appeal before the Academic Hearing Board.

☐ Based on the financial implications, I do not wish to proceed with this appeal.

Student Signature: ____________________________ Date: ______________