



Complete this form if you have received a notification from the Financial Aid Office indicating that your aid will be revoked for your next semester of attendance and you wish to appeal this determination. Please note, if you have received a letter of suspension from the Academic Affairs office, the suspension must be cleared before your financial aid appeal will be addressed.

NAME: _____ ID# _____

ADDRESS: _____ PHONE: _____

DATE: _____ APPEAL TO RECEIVE FINANCIAL AID FOR: Semester _____ Year _____

Please state the reason for your appeal in the space below or attach a letter. Explain why you believe you have fallen below satisfactory academic progress standards:

Multiple horizontal lines for writing the reason for appeal.

Please list below what you plan to do differently in the upcoming semester to regain good academic standing:

Multiple horizontal lines for writing the plan to improve academic standing.

Return to: Financial Aid Office | 414 N. Meridian #6068, Newberg, OR 97132 | FAX 503-554-3110 | finaid@georgefox.edu

Office use only

Date Received: _____ Reviewed by: _____ Approved/Denied? _____ Academic Plan signed: _____