

AURORA UNIVERSITY FINANCIAL AID APPEAL PETITION

*This form **must** be returned by:* _____

This petition provides a formal avenue to request a review of your financial aid eligibility status.

Name: _____ ID#: _____

Street Address: _____

City/State/Zip: _____

Phone #: _____ Cell Phone #: _____

E-mail Address: _____

_____ **I choose NOT to appeal.** By choosing not to appeal, I understand I will not receive federal and state financial aid, including loans, at Aurora University.

_____ **I choose to appeal.** On an additional sheet of paper, please describe the reason(s) for your appeal and what you have done or plan to do to overcome the factors that led to your current academic status. Attach the additional sheet to this form.

Documentation and Certification

To the best of my knowledge, all of the information provided on this form is true and complete. If asked by the Financial Aid Appeals Committee, I agree to provide additional proof of the information given on this form.

Signature: _____ Date: _____

***Submit form to: Office of Admission & Financial Aid
Aurora University
347 So. Gladstone Avenue
Aurora IL 60506-4892***

Or fax form to: 630-844-6190

sap.10/06