BARRY UNIVERSITY

Office of Financial Aid

Florida State Programs Appeal Form

State Program: (check all that apply)

- ❑ Florida Bright Future Scholarship
- ❑ Florida Resident Access Grant
- ❑ Florida Student Assistant Grant
- ❑ Other

Please Print

Name: _____
Last *First* *Middle*

Address: _____ Apt#:_____

City:_____State: _____ZIP:_____

Social Security Number:_____- _____- _____ Phone: (_____) _____

Students awarded FRAG (Florida Resident Access Grant) and/or FSAG (Florida Student Assistance Grant) the previous academic year must complete 24 credits (from the previous summer, fall, and spring semesters) with a cumulative GPA of at least 2.0 in order to be considered for renewal. An institutional appeals form must be filed within thirty days of the denial letter and sent directly to the Financial Aid Office.

Instructions:

- Indicate the term for petitioning: ❑ Fall ❑ Spring
- Attach letter explaining the special circumstance and state what corrective action(s) you will take to meet/maintain minimum academic progress standards.
- Provide documentation to support your appeal.
- Complete and sign this Appeal Form and submit to the Financial Aid Office within 10 business days.

Description of Circumstances: (check the related circumstances)

❑ Death/Illness of immediate family member
- ❑ Father ❑ Mother ❑ Other_____
- Date of death_____
- Attach copy of death certificate

❑ Personal Injury, Illness, or Physical Disability
- Date of illness_____
- Attach doctor's letter

Note: Incomplete information or lack of documentation will delay processing. You will be notified within 20 business days regarding the status of your appeal.

_____ _____
Student Signature *Date*

For Office Use Only

❑ Approved ❑ Denied ❑ Additional Documentation Requested (see below)

_____

_____

_____ _____
Administrator Signature *Date*

where you belong

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