



Financial Aid Appeal Form

Please print clearly or type. Attach the 1) financial aid appeal form, and 2) supporting documentation. The appeal will NOT be reviewed without supporting documentation. Return documents to the Financial Aid Office.

Name (Last, First, M.I.) _____ Student Identification # _____

Street Address _____ City _____ State _____ Zip Code _____

Home Telephone/Cell phone _____ / _____ Work Telephone _____ E-mail Address _____

REASON FOR APPEAL:

- Student was ill or severely injured
- Death of immediate family member
- Other mitigating circumstances _____

Reinstatement based on stipulations from last appeal

Is this your first financial aid appeal at GSW? Yes _____ No _____

Are you currently enrolled in classes at GSW? Yes _____ No _____

What will you do differently to ensure academic success? _____

What type of documentation is attached? _____

Is there a personal statement attached? _____

What semester are you requesting financial assistance? Fall _____ Spring _____ Summer _____

Signature: _____ Date: _____

Return to: Georgia SouthWestern State University
 Financial Aid Office
 800 Georgia Southwestern State University Drive
 Americus, Georgia 31709-4379

Do not write on this side.

Name: _____

STATUS OF REQUEST: _____ Approved

___ 1 semester with at least 6 hours and
complete all courses with a 'C' or better

___ Overall progress to be rechecked an the end of spring semester

___ Other stipulations _____

_____ Denied

___ No Unusual Circumstance

___ No Supporting Documentation

___ Student can apply for reinstatement

___ After a 'successful' semester

- Enroll in at least 6 hours in a semester
- Without the use of Financial Aid
- Complete all courses attempted with at least a 'C' grade
(no W, D, or F's)

___ After Exiting Learning Support

Allow student to _____

___ Student cannot reapply

___ No Action Required

COMMENTS:

Reviewed By: _____ Date: _____

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