



Financial Aid Office

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2055 | Fax: (501) 977-2123 | 1-800-264-1094 | www.uaccm.edu

APPEAL WORKSHEET

Name: _____ **S.S. No.** _____
(First) (Middle) (Last)

Mailing Address: _____
(Street Address, P.O. Box, Rural Route, Etc.)

(City) (State) (Zip)

Home Phone #: _____ **Date of Birth** _____

Semester(s) That You Want The Committee To Review: _____

Next Semester You Plan To Attend: _____ **Year:** _____

Reason For Appealing:

- Did not complete at least 64% of the cumulative hours.
- Did not maintain the proper GPA

Degree Major: _____

Appeal Process: Students whose aid is cancelled may appeal this decision ONLY if there are EXTENUATING circumstances. To appeal, the student must complete and return the appeal form to the UACCM Financial Aid Office in writing within the designated timeframe indicated on the student’s notification letter. The appeal should include a statement explaining the request for financial aid reinstatement and an explanation of the reasons for the request. Additionally, the student must explain what circumstances have now changed that will assist the student in making satisfactory progress. Supporting documentation should be attached whenever possible. Once the appeal has been submitted, the committee will review the appeal to determine whether or not circumstances beyond the student’s control prevented him/her from maintaining satisfactory progress. Appeals that are approved are not retroactive to previous semesters.

Items Required:

1. Completion of this form
2. Typed letter explaining extenuating circumstances (no longer than 1 page)
3. Unofficial UACCM transcript & current schedule (if attending).
4. Unofficial transcripts from all other colleges attended.
5. Relevant documentation that would further prove your case. (Optional)