Request for Appeal of Financial Aid Exclusion

Student's Name _____ Student ID_____

Phone No._____ E-mail Address: _____

Mailing Address_____

(P.O, Rd, St.) City State

Last Quarter of Attendance_____ Projected Quarter to Attend _____

Requested Program of Study_____

Signature _____ Date _____

Please state fully the special circumstance(s) for requesting the appeal of your financial aid suspension. You must a**ttach supporting documents such as medical reports, notarized letters from qualified persons who can verify the information, or other such documents that substantiate your situation.** The Committee will review your request and report their decision to the Financial Aid Director. You will be notified by letter or e-mail.

Please use the back side of this form if you need additional writing space)

Athens Technical College does not discriminate on the basis of race, color, national origin, gender, or disability. Inquires regarding nondiscrimination policies may be directed to the Director of Human Resources, Room 301, 800 US Hwy 29 N, Athens, GA 30601, (706) 583-2818.

For Office Use Only

Approved: ____Yes _____ No Effective Date: _____

Results:

Member 1 _____Yes _____ No Member 4 _____Yes _____ No

Member 2 _____Yes _____ No Member 5 _____Yes _____ No

Member 3 _____Yes _____ No

Financial Aid Director's Signature _____ Date: _____

Financial Aid Office Update Banner Forms: _____ROASTAT _____RHACOMM

Date Notification Sent to Student: _____ RUAMAIL