2017-2018 Return of Title IV Financial Aid Request for Appeal

Student Information

Last Name: _______________________ First Name: ________________ Person Number: _____________

Permanent Address: ________________________________________________________________

Email Address: __________________________ Telephone Number: ______________________

Term you are requesting to appeal: __________________________________________________

Instructions

Federal Title IV financial aid (e.g. Pell Grants, FSEOG, TEACH Grants, Direct Loans, and Perkins Loans) is processed for a student under the assumption that the student will attend college for the entire period for which the financial assistance is provided. A registered student who failed to earn a passing grade in at least one course is presumed to have “unofficially withdrawn” for Title IV financial aid eligibility purposes.

A recalculation and reduction of your federal financial aid for the summer 2017 term has been processed. If you completed at least once class during the summer term, you can appeal the decision by submitting this form along with the requested documentation.

If your appeal is denied, you will be responsible for all canceled/reduced aid that is charged back to your student account. Please be advised that this form only pertains to federal financial aid and does not apply to New York State awards (e.g. TAP, SUNY TC, SUSTA, APTS, etc.).

To appeal the R2T4-Unofficial Withdrawal Recalculation, complete this entire form (page 1 and 2).

The form must be returned by Friday, October 27, 2017.

Section 1: Reason for Appeal

Select the appropriate reason for your appeal and attach the required documentation.

☐ 1. Attended the entire term
   
   Documentation required: Instructor must complete Attendance Verification on page 2

☐ 2. Attended a portion of the term
   
   Documentation Required: Instructor must complete Attendance Verification on page 2

☐ 3. Official Withdrawal - with notification
   
   Documentation required: a copy of the original notification sent to the University office indicating your intent to withdraw and a signed statement from the person(s) who can acknowledge receipt of your written intent to withdraw.
Section 2: Instructor Attendance Verification

Student Name: ___________________________________________ Person Number: _____________________

This student is required to provide proof of regular attendance in a course taken during the summer 2017 term.

Please verify that the above named student completed at least one activity listed below:

☐ The student attended the entire term.
   The student regularly attended the entire semester; completed all course work, but did not earn a passing grade.

☐ The student began attendance in the course but did not complete the term.
   Enter the last recorded date of academic activity. Allowable activities include participation in a class examination or quiz, or completion of an assignment, paper or project that was submitted for evaluation.
   Date: ______________________________

Course: ___________________________________________ Course Dates: ________________________________

Instructor’s Name (please print): __________________________________________

Instructor’s Signature: __________________________________________ Date: _____________________

Certification and Signature

By signing below, I acknowledge that the above information is true and accurate.

In addition, I understand that by submitting this appeal form, approval is not guaranteed. Furthermore, I authorize the University at Buffalo to discuss my appeal with the designated campus official. Finally, I understand that any false information will be cause for the denial, reduction, and/or repayment of Title IV federal financial aid. All decisions are final.

Student Signature: ___________________________________________ Date: _____________________