



## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ UB 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 A registered student who failed to earn a passing grade in at least one course is presumed to have “unofficially withdrawn” for Title IV financial aid eligibility purposes.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 2018 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 26, 2018.**

## 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: \_\_\_\_\_

The student is required to provide proof of regular attendance in a course taken during the \_\_\_\_\_ 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: \_\_\_\_\_