2022-2023 Return of Title IV Financial Aid Request for Appeal

Submit forms utilizing one of the options below. Note: email is not a secure form of communication, do not submit documents via email.
- Electronically via the Secure Document Upload Center - financialaid.buffalo.edu/forms/documentation-upload-center/. Submit your .pdf, .jpg, .jpeg, or .docx files with your UB Person Number included in the file name.
- Fax to 716-645-6566
- By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

First Name: __________________ Last Name: ________________________ Person Number: ____________

Student Contact and Appeal Term Information

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 A registered student who failed to earn a passing grade in at least one course is presumed to have "unofficially withdrawn" for Title IV financial aid eligibility purposes.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 has been processed. If you completed at least once class during the 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, submit this completed form by the applicable term deadline:

<table>
<thead>
<tr>
<th>Appeal Term</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Summer</td>
<td>September 26, 2022</td>
</tr>
<tr>
<td>Fall</td>
<td>January 31, 2023</td>
</tr>
<tr>
<td>Spring</td>
<td>June 23, 2023</td>
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</tbody>
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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.

(Revised 6/16/2023) Phone: 716-645-8232 Website: financialaid.buffalo.edu
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 – Please handwrite your signature. Typed Signatures cannot be accepted.

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: ______________

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