

Student's major/course program of study: _____ Est. Graduation Date: _____

Hours earned toward degree: _____ Remaining hours needed to complete degree: _____

Prior Degree(s) / date earned (or previous major(s) if applicable):

1. _____ 2. _____

FASAP Appeal Certification Statement

With my signature I certify that the information I have submitted is true and correct to the best of my knowledge. I have read each section and provided the required documentation explaining why I could not complete my classes and what will be different about the upcoming semester(s). I understand that appeal decisions are processed on a case-by-case basis. If approved, I understand that I will be expected to make academic progress in all future semesters. I have read the FASAP policy. I understand that the completion of this appeal does not constitute an approval of my appeal and that I will receive written notification of the final decision.

Student's Signature (Required): _____ **Date:** _____

To be completed by the Academic Advisor or Counselor in Academic Counseling Center

This section is to be completed by the student's academic advisor or by a counselor in the Academic Counseling Center before the form is submitted by the student to the Financial Aid Office.

With my signature I certify that I have reviewed the academic record of the student listed above and have determined that the student will be able to continue in his/her program of study. I also confirm that the above listed courses are required for this student to complete his or her degree and these courses are required for the student to graduate.

Academic Advisor/Counselor's Signature: _____ **Date:** _____

Print name: _____ **Title/Position:** _____

Do Not Write Below This Line. To Be Completed by the Financial Aid Appeal Committee

Academic Year:		Appeal Term	<input type="checkbox"/>	Fall 2024	<input type="checkbox"/>	Spring 2025	<input type="checkbox"/>	Summer 2025
<input type="checkbox"/>	Appeal Complete	<input type="checkbox"/>	Appeal Not Complete (document then return with denial or request for more info)					
Cumulative GPA:		# Attempted Hours:		# Hours Earned:				
Maximum Timeframe Appeal based on:								
<input type="checkbox"/>	Seeking 2 nd UG degree	<input type="checkbox"/>	Change of major	<input type="checkbox"/>	Seeking teacher certification	<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Appeal Denied	Reason for denial:						
<input type="checkbox"/>	Appeal Approved with graduation plan							
Graduation plan criteria and/or additional stipulations:								

FASAP Committee Signature: _____ **Date:** _____

FASAP Committee Signature: _____ **Date:** _____

If applicable, 2nd Level Committee Review Results: _____

<input type="checkbox"/>	FASAP Status updated	<input type="checkbox"/>	Updated RPAAWRD	<input type="checkbox"/>	Commented on RHACOMM		FAO Initials
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