

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form by mail or in person.**

BY MAIL TO:

UMD Office of Financial Aid and Scholarships
1049 University Drive
Duluth MN 55812

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxx@d.umn.edu)**. Forms can be sent to umdhelphelp@d.umn.edu.

To learn more about what might be personally identifiable information, visit studentprivacy.ed.gov.

No need to print this cover page.

ATHLETIC FINANCIAL AID APPEAL

Directions to file an appeal:

- Complete Sections A and B of this form.
- Gather supporting documentation.
- Sign Section C of this form.
- Submit the completed form, **with the required documentation, academic plan, and signatures.**

Within 30 business days after your appeal is received, you will be notified by email as to whether your appeal was approved or denied.

The deadline for appeal is 14 days from receipt of the cancellation/reduction/non-renewal of athletic financial aid letter.

Complete this form in Adobe Reader software, not a web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

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Duluth MN 55812

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23 Solon Campus Center

QUESTIONS?

Phone: 218-726-8000
TTY (hearing impaired): 800-627-3529
Email: umdhelp@d.umn.edu

| SECTION A. Student information | | |
|---------------------------------------|-----------------------------|---------------------------|
| Last name—type or print neatly in ink | First | Middle |
| Student ID number | U of M e-mail @d.umn.edu | Phone (include area code) |

This petition pertains to Fall semester (yr) _____ Spring semester (yr) _____ May/Summer session (yr) _____

SECTION B. Reason for Appeal

- Reduction of Athletic Financial Aid Non-Renewal of Athletic Financial Aid
 Cancellation of Athletic Financial Aid Other _____

Be specific in describing the factors that caused you to not meet the Athletic Financial Aid guidelines and list reasons why this appeal should be approved. Attach supporting documents and any additional pages (if necessary to complete your statement).

Request a face-to-face hearing with the Athletic Financial Aid Appeals Committee

SECTION C. Student Signature

I understand this is a one time appeal that cannot be repeated for subsequent semesters.

| | |
|-------------------|------|
| Student signature | Date |
|-------------------|------|



To request copies of this form in an alternative format: 218-726-8000. UMD is an equal opportunity employer and educator.