

CAMERON UNIVERSITY  
Financial Assistance Office  
2800 W. Gore Blvd., 301 N. Shepler Bldg.  
Lawton, OK 73505  
(580) 581-2293

## FINANCIAL ASSISTANCE APPEAL FORM

Name: \_\_\_\_\_ SSN or Cameron ID # \_\_\_\_\_

E-mail address \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**You may appeal your suspension from financial aid eligibility by following the procedures outlined on this form. It is critical for you to report and document thoroughly your circumstances for the appeal committee. Failure to follow the instructions for the appeal process may result in your appeal being denied. Complete the information above and sign and date on the reverse side. ALL INFORMATION IS CONFIDENTIAL.**

- You should submit this appeal within the next ten days in order for it to be promptly reviewed.
- Appeals submitted to this office less than two weeks before the start of the semester may not be reviewed before classes begin.
- If you choose to remain enrolled and attend class while an appeal is pending, you are responsible for all business office charges if the appeal is denied.
- Decisions of the appeal committee are considered final. If your appeal is denied, you will be required to complete terms specified in your denial letter in order to regain eligibility.
- If your appeal is approved, you will be notified of the terms of your financial aid probation.

**There are two parts to this appeal. Both parts must be completed for an appeal to go before the appeal committee. Part One documents the type of extenuating circumstances which hampered your academic performance. Part Two is your own written statement about the circumstances documented in Part One.**

### Part One: DOCUMENTATION

Select the category that best describes the circumstances affecting your academic performance:

\_\_\_ Illness

You must attach written documentation from a physician's office, clinic, or hospital confirming the date(s) you sought treatment for your illness. Acceptable documentation of the dates of illness could be : an excuse slip, a copy of a doctor or hospital bill, an insurance statement, or a canceled check paid to a physician, clinic, or hospital.

\_\_\_ Death in the family

You must attach a copy of death certificate.

\_\_\_ Personal or other problems

You must provide signed, written documentation from a qualified person to confirm the personal problems and the period during which they occurred. A qualified person could be: a mental health professional or physician (or a representative of a clinic or hospital), pastor, teacher, current or former employer, attorney, or academic advisor.

**If you have questions about documenting your appeal, contact our office.**

**APPEALS SUBMITTED WITHOUT DOCUMENTATION WILL BE RETURNED.**

