

## Financial Assistance Appeal

**INSTRUCTIONS:** You may use this form to appeal the suspension of your financial aid. You must complete all sections, initial, sign and submit this form to our office. **Missing documentation and incomplete appeal forms will be DENIED – all documentation must be included at the time you submit your appeal.**

All information is confidential. It is important for you to know that:

- Appeals must be submitted by the final deadlines stated on the Appeals Review Schedule at [https://www.cameron.edu/financial\\_aid/financial-assistance-appeals](https://www.cameron.edu/financial_aid/financial-assistance-appeals)
- You will be notified by student email of the committee’s decision. If approved, you will be asked to acknowledge and agree to the terms of your appeal.
- If you choose to remain enrolled and attend class while your appeal is pending, you are responsible for all university charges if the appeal is denied.
- Decisions of the appeal committee are considered **FINAL**. If your appeal is **DENIED**, you may either try to appeal for a future term or achieve Satisfactory Academic Progress (SAP) standards in order to regain financial aid eligibility.

### A. Student Information

Student Last Name	Student First Name	Student M.I.	Student CU ID Number
Student Date of Birth	Cameron Email Address	Student Phone Number	

### B. Explanation and Documentation of Circumstances

**YOU MUST ATTACH A COPY OF YOUR UNOFFICIAL TRANSCRIPT AND DEGREE WORKS.** Check and complete the section which best applies. Explanation and documentation should address all semesters in which you failed to successfully complete class. **Missing documentation and incomplete appeal forms will be DENIED – all documentation must be included at the time you submit your appeal. No hand written statements; you must attach a typed statement.**

**Medical Condition:** Explain the circumstances and **attach a health care provider’s written statement(s)** confirming your medical condition(s) and supporting your decision to continue your enrollment.

**Birth of Your Child/Adoption:** Explain the circumstances and **attach a copy of your child’s birth certificate or documents regarding the adoption.**

**Death of Family Member:** Explain the circumstances and your relationship to the deceased, and **attach one of the following:** death certificate, obituary, or a written statement from a pastor or funeral director.

**Divorce/Seperation:** Explain the circumstances and **attach supporting court documents.**

**Military Service:** Explain the circumstances and **attach a copy of official military orders.**

**Personal Issues:** Explain the circumstances and **attach a written statement from a professional third-party resource** such as a counselor, pastor, employer, professor, attorney, etc. confirming your situation and supporting your decision to continue your enrollment.

**Max Hours:** Explain the circumstances that have prevented you from completing your degree and caused you to acquire more attempted hours than are allotted per the SAP Policy. **Attach a signed statement from your advisor or a copy of your Degree Works** stating how many hours you have left to complete.

### C. Plan for Academic Success

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Describe how your situation noted in Section B has changed to allow you to achieve academic success in the future. Include any campus-based or external resources you have utilized. **No hand written statements; you must attach a typed statement.**

### D. Certification and Signatures

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I certify that all statements as part of this appeal are true and accurate. I understand that if documentation is not attached, considered sufficient or this appeal is not signed, it will be denied. I also understand that individual cases are reviewed by the Financial Aid Appeals Committee; petitioners will be provided with a written decision via student email which represents the final institutional determination by Cameron University. There is no further appeal. I understand that, regardless of the outcome of the decision provided by the Financial Aid Appeals Committee, **I am solely responsible for all tuition and fees incurred for courses taken during the period in which my appeal is being considered.** I also understand that I am required to pay for these courses using funding sources other than federal or state financial assistance programs should my appeal be denied. **I understand that by enrolling in coursework prior to a decision from the committee that I am incurring charges for the courses in which I enroll and I am obligated for the charges should my appeal be denied.**

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Student Signature

Date

*Submit completed form and required documents to:*  
**Office of Financial Assistance**  
**Cameron University – North Shepler 332**  
**2800 West Gore Blvd**  
**Lawton, OK 73505-6320**  
**FAX: 580-581-2556 | EMAIL: [financialaid@cameron.edu](mailto:financialaid@cameron.edu)**