

First

ID NUMBER

gradfinaid@chapman.edu

STUDENT INFORMATION

Last

in writir	ay use this form to request a reevaluation of your ineligibility for financial aid. You will be notified no once the Satisfactory Academic Progress Committee has met and rendered a decision on opeal. You are ineligible for any Federal Aid until you have been granted a successful appeal.
	Please check boxes that pertain to your situation ALL STUDENT MUST PROVIDE A COPY OF THEIR PROGRAM EVALUATION You can obtain your program evaluation via my.chapman.edu
Low G	SPA (Qualitative) or Insufficient Units Completed (Quantitative):
	Extenuating Medical Circumstances – Attach a detailed letter of explanation and a signed statement from your health care professional that you are able to return to Chapman University.
	Extenuating Personal Circumstances – Attach a detailed letter of explanation and supporting documentation.
	Difficulty in completing courses— Attach a detailed letter of explanation.
	Death in the immediate family – Please attach a letter of explanation.
Exces	sive Units (Time Limit):
	I am a graduate student in theprogram and my course of study has been prolonged. Attach a detailed letter of explanation.
	Other academic situation(s). Attach a letter of explanation.
ave end ficient d ailed co	ATIN STATEMENT closed a letter of explanation that addresses the circumstances that prevented me from completing credits, maintaining a 2.0 GPA, or completing my program in a timely manner. My letter explains ourse of action for completion of sufficient credits. I understand that I will be notified via my Chapma e final decision.
UDENT	SIGNATURE DATE

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