



ALMA COLLEGE

2018-2019

WAIVER OF AID REDUCTION APPEAL FORM

Student Name *(please print: last, first, middle)*

Student ID

REASON FOR APPEAL

Please provide a brief description of the situation below and attach a signed letter with additional details describing your unique situation, and what error was made in applying the policy.

IMPORTANT NOTES ON THE APPEAL PROCESS:

- ✓ Appeal forms should be submitted to the Financial Aid Office.
- ✓ Appeals will only be reviewed if they meet the following criteria:
 - Medical Emergencies
 - Misrepresentation or error in applying the policy.
- ✓ Appeals require documentation. No appeal will be considered until all required documentation is submitted. What is required is at the discretion of the Financial Aid administrator.

This appeal is in effect for the 2018-2019 academic year. Policies and procedures are subject to change as influenced by institutional and federal/state regulatory changes. Submission of an appeal does **NOT** guarantee the reduction will be waived. **All filers will be notified in writing/email of the final decision on their appeal in approximately 2 to 4 weeks from the date of submission of all required documentation.**

CERTIFICATION

I certify that the information on this form and the attached documentation is true and correct to the best of my knowledge and belief.

Student Signature

Student ID

Date

Complete permanent address of student

PLEASE SUBMIT THIS FORM TO THE ALMA COLLEGE FINANCIAL AID OFFICE

614 West Superior Street, Alma, Michigan 48801-1599 Telephone (989) 463-7347 Fax (989)463-7993

finaid@alma.edu