

First

ID NUMBER

gradfinaid@chapman.edu

STUDENT INFORMATION

Last

You may use this form to request a reevaluation of your ineligibility for financial aid. You will be notified in writing once the Satisfactory Academic Progress Committee has met and rendered a decision on your appeal. You are ineligible for any Federal Aid until you have been granted a successful appeal.			
•	Please check boxes that pertain to your situation.		
Low GPA (Qualitative) or Insufficient Units Completed (Quantitative):			
	Extenuating Medical Circumstances – Attach a detailed lette statement from your health care professional that you are able		
	Extenuating Personal Circumstances – Attach a detailed let documentation.	ter of explanation and supporting	
	☐ Difficulty in completing courses— Attach a detailed letter of explanation.		
	Death in the immediate family – Please attach a letter of exp	lanation.	
Fuees	aire Unite (Time Limit)		
Exces	sive Units (Time Limit):		
	I am a graduate student in the course of study has been prolonged. Attach a detailed letter of	program and my explanation.	
	Other academic situation(s). Attach a letter of explanation.		
I have end sufficient d detailed co	ATIN STATEMENT closed a letter of explanation that addresses the circumstant credits, maintaining a 2.0 GPA, or completing my program in burse of action for completion of sufficient credits. I understant e final decision.	a timely manner. My letter explains a	
STUDENT SIGNATURE DATE		DATE	

MI