SCHOLARSHIP APPEAL

STUDENT INFORMATION

FIRST                      MIDDLE                      LAST                      CHAPMAN ID #

STREET ADDRESS or PO BOX                      EMAIL ADDRESS

CITY                      STATE                      ZIP CODE                      HOME PHONE

You may use this form to request a review of the loss of your scholarship because of extraordinary circumstances. You will be notified in writing once the Scholarship Committee has met and rendered a decision on your appeal.

Deadline: July 15, 2019

Please return this form to:

Chapman University
Graduate Financial Aid Office
One University Drive
Orange, CA 92866

☐ Loss of Scholarship
   Required GPA to retain scholarship________Current GPA ________
   Amount of Scholarship________________________
   Scholarship first received during ☐1L ☐2L ☐3L or ☐LLM student

Statement of Appeal

All appeals must be based on extraordinary circumstances and must be supported by appropriate documentation. Please be sure to explain the extraordinary circumstances that you believe affected your ability to earn the required GPA. Please also provide additional documentation to support your appeal (if appeal is due to a medical and/or psychological condition, a physician’s evaluation and recommendation should be included). A statement may be attached in lieu of summary below.

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STUDENT SIGNATURE ___________________________ DATE ___________________________