

HOWARD COLLEGE – OFFICE OF FINANCIAL AID APPEAL REQUEST FORM

Student Name	
Student ID	
Address	City, State, Zip
Email Address	Campus: □ Big Spring □ Lamesa □ San Angelo □ SWCID
Semester for which you will be appealing:	20 (Check one only)
Applications will not be reviewed until all the	necessary documents are provided and the appeal form is complete.
FEDERAL REGULATIONS, the student fall	Academic Progress can appeal to the Financial Aid office if, PER s under one or more of the following hardships. If you do not not eligible for an appeal. Please check condition(s) under which
 Death of an immediate family member An injury or illness of the student or an Other special circumstances that preven 	
documents, death certificates/obituary, etc. mu	rmation as possible. Verification of any hardship(s), such as medical ust be attached. Also provide information about your plan of action for goals. An Academic Plan may be requested in addition to this arly. Use dark blue or black ink only.
	omplete to the best of my knowledge. I understand that incomplete or ic denial or a delay in processing my application. I understand I will be
Signature	Date

Notice Concerning Your Information: The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that Howard College collects about you. It also gives you the right to request a copy of that information and to have the College revise any information that is incorrect. You may request to receive this information by contacting the office possessing such information.