

ORU SATISFACTORY ACADEMIC PROGRESS APPEAL 2010-2011

Financial Aid

Name:	ID #: Z
Phone: ()	Email:
Explain below the reasons and extenuating circumstances for your appeal. In addition, please provide any documentation to support your appeal, such as a doctor's statement, etc. Mail or fax the form along with appropriate documentation to the ORU Financial Aid Office. You will be notified of the results of the appeal within 3 weeks of your submission.	
By signing, I certify that all information submitted for this petition is true and accurate to the best of my knowledge.	
Student's signature	Date
FOR OFFICE USE ONLY	
() Approved () Not Approved	
Reason:	
Signature of Financial Aid Official	Date