MARYLHURST UNIVERSITY
FINANCIAL AID OFFICE
17600 Pacific Highway (Hwy 43)
PO Box 261 • Marylhurst, OR 97036-0261
503.699.6253 • 800.634.9982, ext. 6253
FAX: 503.635.6585
Email: finaid@marylhurst.edu
Web Site: www.marylhurst.edu

APPEAL FOR REINSTATEMENT OF FINANCIAL AID

Student Name: _____ **SSN:** _____ **ID:** _____

On the lines provided below, please explain below why you did not meet Satisfactory Academic Progress requirements. In addition, please describe the actions you will take, or have taken, to correct or prevent the situation from reoccurring. You may attach appropriate documentation to verify and support your appeal. Appropriate documentation may be (but is not limited to) a statement from your doctor, counselor, minister, academic advisor, or instructor.

The circumstances which prevented me from making Satisfactory Academic Progress are:

Student Signature: _____ **Date:** _____