



OFFICE OF STUDENT FINANCIAL ASSISTANCE

APPEAL SUPPORT FORM

TO: _____
Student's Name Social Security Number

If you wish to seek support for an appeal of ineligibility for Federal Student Aid funds, you may ask a Delgado faculty member or a Delgado administrator (dean, department chairperson, director, assistant dean, assistant director, or counselor) who is familiar with the circumstances leading to your poor academic performance to complete this form.

In asking for support for your appeal you agree:

- a. to waive your right under the Buckley Amendment, and other applicable statutes, to confidentiality of any information the person completing this form feels would be helpful to discuss, including information from your records.
- b. that any statement given by the person completing this form will be confidential and that you waive any right under the Buckley Amendment, and any other statute, to have access to the statements.

Signature _____ Date _____

To: The Delgado faculty member or administrator asked to complete this form.

The above named student has not met the federally mandated standards satisfactory academic progress and therefore will not be eligible for federal aid. Using this form you are being asked by the student (1) to corroborate and support as best you can, any significant mitigating circumstances which seriously affected his/her academic work; (2) to corroborate, as best as you can, that the circumstances have been removed; and (3) to provide your recommendation for continuance of aid based on the probability of improved academic performance.

Significant Mitigating Circumstances

Circumstances Have/Have Not Been Removed

Recommendation

Print Name

Signature/Date

Official Delgado Title

Daytime Phone #

RETURN THIS FORM DIRECTLY TO THE OFFICE OF STUDENT FINANCIAL ASSISTANCE.