Student Appeal Form

UNIVERSITY *of*
MAINE *at* AUGUSTA
Student Appeals Committee
Attn: Student Financial Services
46 UNIVERSITY DRIVE, AUGUSTA, ME 04330-9488

207.621.3455 or 1.877.862.1234
Fax: 207.621.3384 or TTY: 1.800.316.3600
umafa@maine.edu

Please complete form and return to address listed above

Name

Last | First | Middle Initial

Mailing Address

Street/PO Box | City | State | ZIP

Daytime Phone

Phone Number

ID Number

Student ID Number

Appeal Request

Appeal Amount

Term: ☐ Fall ☐ Spring ☐ Summer _____ Year

☐ Withdrawal (All Classes)

☐ _____ Dropped Courses

Involuntary Appeal Reason

Please attach appropriate documentation substantiating your request. Student Appeal Forms without appropriate documentation will not be considered complete and therefore not reviewed by the Appeals Committee:

☐ Active Duty in the Armed Services

☐ Illness
- ☐ Student
- ☐ _____ Family Member

☐ Death
- ☐ Student
- ☐ _____ Family Member

Voluntary Appeal Reason

Please attach a letter detailing your reasons for requesting an exception to University drop/withdrawal policies. Please be as specific as possible; include instructor corroboration if appropriate.

Last Date Attended | Course

I hereby request consideration of my appeal to reverse tuition and fees presented above. I attest that the statements and accompanying documents are true. I understand that my appeal determination may adversely affect previously approved financial aid (including aid payments I have previously received) and I may owe a balance to the University of Maine at Augusta if federal aid is retracted.

Student Signature | Date