



FINANCIAL AID OFFICE
101 West College, Roswell NM 88201-5173
(575) 624-8066

FINANCIAL AID APPEAL FORM

INSTRUCTIONS: Please complete this form, attach all required documentation.
You will be notified of the decision in writing.

Please print or type.

Name _____ SS No. _____
Last First M.I.

Address _____

City _____ State _____ Zip _____ Phone _____

Major _____

Which term did you not make satisfactory academic progress? _____
Term and Year

For which term are you appealing to receive aid? _____
Term and Year

Previous to this appeal, have you ever submitted an appeal for financial aid at
NMMI?

No Yes

If yes, _____
Term, Year

What are the unusual circumstances that prevented you from making satisfactory
academic progress? Check all the boxes that apply and explain in detail below.
Use additional pages, if necessary. Attach documentation that will support your
claim, i.e., doctor's statement, letter from counselor, bills, etc.

Medical Financial Personal Academic Other

What do you plan to do to ensure that you will make progress in the future?
Attach additional pages, if necessary.

(Over)

Important: An up-to-date copy of your NMMI academic transcript will be obtained from the Records Office to be reviewed with this appeal.
I affirm that the above information is true and accurate to the best of my knowledge.

YOU must acquire from the REGISTRAR an ACADEMIC PLAN before the appeal can be reviewed.

Student's Signature _____ Date _____

FOR OFFICE USE ONLY

Term for which student is appealing to receive aid:

- Fall _____ Spring _____
Year Year

Check if this appeal applies to the loan program only.

Reason student did not make progress. Check all that apply.

- Qualitative Progress Incremental Progress Maximum Time Frame
 Other _____

Attach copies of each of the following items to the Appeal Form.

- Satisfactory Academic Progress Sheet
 Academic Transcript
 Current Schedule, if applicable
 Previous appeal, if applicable
 Supporting documentation, if applicable

Comments:

Reviewer _____ Date _____

- Approved Denied Need More Information

Comments:

Financial Aid Director _____ Date _____

pc: Pell Program, Work Study Program, Loan Program