

OFFICE OF STUDENT FINANCIAL SERVICES  
Loss of Financial Aid Appeal Request // 2025-26



NAME: \_\_\_\_\_ OBU ID: \_\_\_\_\_ DATE: \_\_\_\_\_

Please indicate the mitigating circumstances that contributed to your inability to maintain Satisfactory Academic Progress by checking any category below that applies to you.

- Serious illness or injury to the student or immediate family member (parent, spouse, sibling, or child) that required extended recovery time
- Death of an immediate family member
- Family difficulties, such as divorce or separation
- Financial difficulties
- Other unexpected circumstances beyond the student's control

Spend some time considering what happened and what can be improved. *Attach* an essay to explain in your own words what happened over the past semester or year that contributed to your low GPA or lack of successful hours completed. **Also attach any supporting documentation** you might have. Include your goals for your future, and any solutions or specific actions you will take to improve your grades and class attendance.

Your essay will be used to consider approval of your appeal request. You will need to provide more than one or two sentences to explain your circumstances.

**Student Financial Services Use Only:**

Approved       Denied

By SFS Staff: \_\_\_\_\_ Date: \_\_\_\_\_