



Financial Aid Appeal Form

Marian University 3200 Cold Spring Road Indianapolis, IN 46222

Phone: (317) 955-0400

Fax: (317) 955-4244

Student Information

Name: _____

Student ID: _____

Address: _____ City, St, Zip: _____

Email Address: _____@marian.edu

Daytime Phone Number: (____) _____ r _____

Please mark the box in front of the semester for which you are seeking to have your financial aid situation reviewed:

Fall _____ (Year) Spring _____ (Year) Summer _____ (Year)

Academic Program:

Traditional MAP Other _____

Step #1

Please mark the box below which best indicates the reason for which you are filing an appeal:

I wish to appeal my eligibility for aid due to unsatisfactory progress. I have appealed with the academic dean.

I wish to appeal the loss of my academic scholarship for failing to maintain a cumulative GPA of 3.0.

I wish to appeal the eligibility for my Marian University aid for use beyond 8 semesters.

I wish to appeal the financial aid policy or decision listed below:

Reviewed By: _____

Denied and Reason _____

