2014-2015
Illinois Promise Appeal

Office of Student Financial Aid
University of Illinois at Urbana-Champaign
620 East John Street - MC 303
Champaign, IL 61820-5712
Fax (217) 265-5516 Phone (217) 333-0100

Student Name: _____ UIN: _____
Last First MI

Current Address: _____
Street City State

The Office of Student Financial Aid has established an appeal process for Illinois Promise students who have extenuating circumstances and have exhausted their eligibility and wish to petition for an additional semester of funding or funding for the summer semester. Appeals will be approved only in highly exceptional situations and must include a letter of support/explanation from your academic advisor. The following are examples of situations when an appeal might be granted:

Personal Extenuating Circumstances: health/medical issues, death in the family, family crisis
Summer Semester Request: graduate in summer, required course(s) for your major only offered in summer
Fifth Year Request: your major program cannot be completed in four years

Appeals will be reviewed as they are received and you will be notified of a decision within two weeks of submitting your appeal. The deadline for submitting an appeal is as follows:

Fall 2014 – August 15, 2014
Spring 2015 – January 16, 2015
Summer 2015 – May 22, 2015

Please check the appropriate box and provide a detailed reason for your appeal:

□ I have exhausted my eligibility and am requesting an additional semester of Illinois Promise funding for Fall 2014.
□ I have exhausted my eligibility and am requesting an additional semester of Illinois Promise funding for Spring 2015.
□ I am requesting Illinois Promise funding for Summer 2015.

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I certify that the information given on this form and on any attached pages is true and accurate. **Appeals submitted without a letter of support from your academic advisor will not be considered.**

_____
Student's Signature Date