



_____ First Appeal
_____ Second Appeal
_____ Other (specify) _____

FINANCIAL AID APPEAL PETITION

Please complete sections I and II and return to the Financial Aid Office.

SECTION I

1. Name _____
Last First Middle Student I.D. Number
2. Address _____
City State Zip Code
3. Telephone Number (Home) _____ (Work) _____
4. Degree: _____ AA _____ AS _____ Certificate Major: _____
5. Date you expect to graduate from Edison (Month/Year) _____

SECTION II: Statement of Extenuating Circumstances

State the circumstances which you believe caused you to withdraw, not complete the appropriate number of credits, or cause your GPA to drop below the required average. The complete policy for standards of academic progress are published in the college catalog and at www.edison.edu.

1. **Be specific!** Indicate dates/times periods involved. How did the circumstances affect our academic record. Provide any applicable details.
2. **Submit documentation to support your claim.** For example, a medical excuse, accident report, court document, etc. Use additional paper if necessary.
3. **Sign and date your petition.**

Failure to provide adequate information and/or documentation will delay a decision on your petition.

Student Signature

Date

OFFICE USE ONLY: FINANCIAL AID ADMINISTRATIVE REVIEW

Appeal requested to receive aid for _____ session.

- Decision:
- Accepted
 - Accepted w/limitations
 - Denied
 - Additional information needed

- Extenuating Circumstances:
- Medical
 - Family/Personal
 - Academic Reasons

Authorized Signature

Date

*After you complete this application, bring it to the
 Financial Aid Office on any Edison Campus, or mail to:*

Edison College, P.O. Box 60210, Fort Myers, FL 33906-6210