



UNIVERSITY OF  
**MARYLAND**  
OFFICE OF STUDENT FINANCIAL AID

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MEMORANDUM

To: Student Financial Aid Applicants

From: Sarah Bauder  
Director, Office of Student Financial Aid

Subject: Appeal Procedures for Financial Aid Decisions

This office recognizes that each applicant for financial aid may, at some time, desire to appeal a decision he or she feels is unfair. Many decisions may be irreversible since these decisions are based on federal or state laws and/or regulations, or University policy directed by the Board of Regents. This appeal system works only when both parties show good will and a positive desire to work toward resolution of the matter at hand.

If, after discussing the situation with your Financial Aid Counselor, you decide to appeal formally, complete the attached APPEAL REQUEST FORM. Be concise and thorough in describing the decision being appealed and reason(s) for the appeal. Attach any necessary documentation pertaining to your request. The appeal goes to the Financial Aid Appeals Committee Chair, who selects two Financial Aid Counselors to form an Ad Hoc Committee for this appeal. The committee reviews your entire file relevant to the case at hand, and renders a majority decision.

Processing time will vary depending on the volume of appeals to be considered. The Chair of the Appeals Committee will send written notification of its decision, usually within one to two weeks after the appeal was submitted. Do not rely on the success of your appeal to cover your expenses. You are responsible for paying your own tuition by the due date. If your bill is not paid on time, you may be assessed late fees or your registration may be cancelled. Also, please be advised that a change in your eligibility does not guarantee an additional award of financial aid. If your appeal is approved, your application will be considered again for whatever funds are available.

If, following the decision of the Appeals Committee, you feel that further appeal is necessary, you may submit further documentation to have your appeal reconsidered. In addition, you may also make an appointment with the Chair of the Appeals Committee by contacting (301) 314-9000. If necessary, following that decision, you may request further review by the Director of Financial Aid. Please contact (301) 314-8281 to request an appointment with the Director.



# Office of Student Financial Aid

**Mailing Address:**  
Office of Student Financial Aid  
University of Maryland  
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College Park, MD 20742

**Service:**  
Student Financial Services Center  
1135 Lee Building  
Monday - Friday  
8:30 a.m. - 4:30 p.m.

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URL: [www.financialaid.umd.edu](http://www.financialaid.umd.edu)

## Appeal Request Form

Name: \_\_\_\_\_ UID: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Decision you are appealing:** \_\_\_\_\_

\_\_\_\_\_

**Action requested:** Include dollar amounts you are requesting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reason for request:** Please give an explanation of why you are requesting that this decision be appealed. Be specific. Attach any documentation that you feel will be helpful.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that this information is complete and accurate.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE OF STUDENT FINANCIAL AID USE ONLY:**

<b>Committee Members:</b>	
<b>Date:</b>	

**Name:** \_\_\_\_\_

**UID:** \_\_\_\_\_

**Committee's opinions:**

**Member1:** \_\_\_\_\_ **Initial and Date:** \_\_\_\_\_

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**Member2:** \_\_\_\_\_ **Initial and Date:** \_\_\_\_\_

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**Member3:** \_\_\_\_\_ **Initial and Date:** \_\_\_\_\_

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**Appeal Committee's Decision:**

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