



UNIVERSITY OF
MARYLAND
OFFICE OF STUDENT FINANCIAL AID

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MEMORANDUM

To: Student Financial Aid Applicants

From: Office of Student Financial Aid

Subject: Appeal Procedures for Financial Aid Decisions

You have the right to appeal your financial aid decision if you feel there are extenuating circumstances. You can complete the attached “APPEAL REQUEST FORM” by providing a concise and thorough statement describing the reason(s) for the appeal. We also suggest that you attach necessary documents pertaining to your request. 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.

Processing time will vary depending on the volume of appeals to be considered. The Special Circumstances Committee will send written notification of its decision, usually within two to four 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 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. If you have further questions, please contact our office at 301-314-9000 or email umfinaid@umd.edu.



Appeal Request Form

Name: _____ UID: _____

Email: _____

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.

I certify that this information is complete and accurate.

Student Signature: _____ Date: _____