# APPEAL TO RECEIVE AID BEYOND NORMAL TIME FRAME OR CREDIT LIMITS

Name: _____ Whitworth I.D. number: _____

Financial aid is intended to assist you in obtaining your degree. Our records indicate that you appear to have completed enough credits to have earned your degree. Please explain in the space below why you need more credits to complete your degree and how many more credits you will need. Add attachments if necessary. **Please also provide documentation from your advisor or from a representative of the registrar's office that substantiates your appeal**. The Financial Aid Appeal Committee will review your appeal and get back to you promptly.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature: _____ Date: _____

Daytime phone:_____ E-mail:_____

**RETURN TO:**

**FINANCIAL AID OFFICE**
300 WEST HAWTHORNE ROAD, SPOKANE, WA 99251
509.777.3215 509.777.4601 (FAX) finaid@whitworth.edu

For Whitworth Use Only:
C:\Users\tmitchell\Desktop\CurrentEdits\AppealToReceiveAidBeyondNormalTimeframeTRM.doc
PV as SatProg Track as F12OTHC
REVC Code