



## Housing Cancellation Appeal - Financial Aid Form

<b>Student's First Name</b>		<b>WSU Student ID #</b>	
<b>Student's Last Name</b>		<b>Phone Number</b>	

**STUDENT INSTRUCTIONS**

Please complete the section below and take the form to the Welcome Center, OR email to [studentservice@wayne.edu](mailto:studentservice@wayne.edu).

**We encourage you to speak with a Financial Aid Officer about your financial aid options.**

- This form will be completed and emailed to your WSU email address. It is your responsibility to share this information with the appeals committee by uploading it with your Housing Cancellation Appeal Form.

I request the Office of Student Financial Aid provide the information below and return to me.



**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Signature must be handwritten with ink or stylus)

**STOP - THIS SECTION BELOW MUST BE COMPLETED BY an official from the Office of Student Financial Aid**

**Office of Student Financial Aid:** This information will assist the Housing Cancellations Appeals Committee to make the best-informed decision regarding the student's financial situation. Once the form is completed, **return to the student as a PDF.**

Date form was received from student	Academic Year	Balance after all aid is applied, including pending aid

To be completed by the Office of Student Financial Aid	Yes	No	NA
Does this student demonstrate high financial need per OSFA guidelines?			
Are there outstanding financial aid requirements preventing packaging and/or disbursement?			
Is the student making Satisfactory Academic Progress (SAP)?			
➤ If required, did the student submit a SAP appeal?			
➤ Was the appeal approved?			
Has all aid for the current semester been applied to the student account?			
Does the student have pending aid that will cover the outstanding balance?			
Does the student have a student loan offer that was not accepted or declined by the student, that can still be processed for the semester?			
➤ Will this loan cover the outstanding balance?			
Does the student have remaining eligibility in their cost of attendance for additional loan funds that if approved by the lender, would cover the outstanding balance?			

**Optional comments**

OSFA Staff Name \_\_\_\_\_ Title: \_\_\_\_\_

OSFA Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature must be handwritten with ink or stylus)