University of Massachusetts Lowell
883 Broadway Street Room 102
Lowell, Massachusetts 01854-5131
Tel. 978.934.4220 Fax. 978.934.3009
Web: www.uml.edu/financialaid

# SATISFACTORY ACADEMIC PROGRESS APPEAL
# 2009-2010

**Student Name** _____ **Student ID** _____

I wish to regain my eligibility for financial aid for the 2009-2010 academic year. The following circumstances did not allow me to maintain satisfactory academic progress requirements:

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I understand that this appeal is subject to review by the Financial Aid Office staff and that approval or denial of this request will be based on information contained in this form as well as a review of my academic record.

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Student Signature Date