ATHLETIC AID APPEAL FORM

Student Name: **RMU ID#:**

Address: **Phone #:**

Prior to submitting this form, please be sure that you have already discussed your grievance with your coach and/or the Athletic Director. Use the space provided below to explain the reason why you feel that the cancelation or reduction of your athletic scholarship was unjust. Please be as specific as possible and attach relevant supporting documentation.

Signature: **Date:**

Do you wish to attend the appeals committee meeting? Yes ☐ No ☐

Do Not Write Below This Line

FOR OFFICE USE ONLY

DATE OF REVIEW **FINAL DECISION**

SIGNATURE OF COMMITTEE CHAIRPERSON

RETURN TO: Robert Morris University - Financial Aid Office, 6001 University Blvd, Moon Township, PA 15108