Return to: Office of Financial Aid
Lehigh University
218 W. Packer Ave.
Bethlehem, PA 18015
Fax to: 610-758-6211

Name: _____

Lehigh ID: _____

PETITION FOR REVIEW OF FINANCIAL AID ELIGIBILITY

The University provides an appeal process for students who are denied financial aid for academic deficiencies.

On this form, provide an expansive self-statement about what contributed toward the academic performance that failed to meet the minimum standards for financial aid renewal. There are two additional forms that are to be used by selected faculty who can attest your efforts.

Completed petitions will be reviewed by the Committee on Undergraduate Financial Aid. The committee is looking for a clear indication that you have made a committed effort to achieve academically, measured in part through regular classroom attendance, completion of assignments, seeking tutorial assistance or other means. Your professors may be contacted directly for additional input.

INSTRUCTIONS:

1. In the space below (attaching additional pages as needed), describe the circumstances that contributed to your unsatisfactory performance. Go on to explain what you expect to do differently in the coming year to help ensure a satisfactory record.
2. Using the attached forms, obtain two (2) faculty endorsements. These should be statements concerning your recent (within two semesters) classroom performance and potential for future success in the Lehigh classroom.

   In the space below, please print the names of the faculty to whom you gave petitions:

_____ _____

3. All forms are to be received at least 30 days before the end of each summer session.

Your statement _____

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SIGNATURE: _____ PRINTED NAME: _____

DATE: _____

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PETITION FOR REVIEW OF FINANCIAL ELIGIBILITY-FACULTY STATEMENT

This student has been denied University financial aid because of an unsatisfactory academic record. (S)he is petitioning for reconsideration based on a self-evaluation together with statements from two faculty members. We are looking for indications that this student has made a real effort in the classroom as measured by attendance, attitude and the timely submission of required assignments - together with an assessment of academic potential.

Please return this form (attaching any supplementary pages) within two weeks of receipt unless asked to do so more quickly because of the expected date of Committee review. While your support cannot guarantee a favorable decision, it will greatly assist the Committee on Undergraduate Financial Aid in their deliberations.

Feel free to e-mail your response to financialaid@lehigh.edu.

Thank You.
Linda F. Bell
Financial Aid Director

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FACULTY SIGNATURE: _____ PRINTED NAME: _____

DATE:_____

This document will become a part of the student's file. Please be advised that students have a right to view <u>all</u> information in their file.

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FACULTY SIGNATURE: _____ PRINTED NAME: _____

DATE:_____

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