## Appeal to Reinstate Pell Grant Funding



Name:		Student ID:	
Address:			
E-Mail Address:			State/Zip Code
Total Registered Credits	Semester & Year of A	Appeal:	
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I understand that I am required to pay any existing balance owed to Metropolitan State University if this appeal is denied. I understand that it is a violation of both Federal and State laws, as well as the university's Code of Conduct, to purposefully provide false or misleading information to agents of the university in connection with my application for financial aid.

do not have sufficient cause or documentation to support your appeal for reinstatement of Pell Grant funding, then you will be required to pay any outstanding balance of tuition, fees, and miscellaneous

Signature: Date:

Please return this appeal, statement and documentation to:

Attn: Financial Aid Office Metropolitan State University 700 East Seventh Street Saint Paul, MN 55106-5000

charges on your student account.

Phone: 651-793-1300 Fax: 651-642-0636