

# Appeal to Reinstate Pell Grant Funding

## Student Information

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_@my.metrostate.edu \_\_\_\_\_ Telephone: \_\_\_\_\_  
Total Registered Credits \_\_\_\_\_ Semester & Year of Appeal: \_\_\_\_\_

### Pell Grant: "Census Date"

Your Pell Grant awarded is calculated based on your registration as of the Pell census date (the Friday before disbursement) for the term. Your Pell Grant will not be automatically adjusted for additional course registrations that take place after this date. **If you register or modify your course schedule after the Pell census date, you may appeal to have your Pell Grant eligibility reviewed.** Examples of valid circumstances for an appeal include: being dropped by your professor and being registered again after the add/drop date, submission of internship paperwork that was provided before the add/drop date, but not processed until after. Please note: registration for an independent study course after the Pell Grant Census (add/drop) date is NOT considered a valid circumstance for this appeal unless the delay was due to the University.

### Appeal for Reinstatement of Pell Grant Requirements

Please attach **ALL** of the following:

- 1) A statement which fully explains your reasons for registering for additional classes after the Pell Grant census (add/drop) date has passed and any circumstances that caused your late registration.  
**AND**
- 2) Attach at least one documentation that supports your appeal such as 3<sup>rd</sup> party statement(s), any email or written documentation.

**Decisions will be made within 30 business days or less. Insufficient documentation and/or incomplete forms will be returned to you and delay processing. If this appeal is denied because you 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 charges on your student account.**

*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.*

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

Phone: 651-793-1300  
Fax: 651-793-1532