



Pepperdine University

Seaver College, Office of Financial Assistance

Academic Scholarship Appeal Form

Student Name: _____

Last Name

First Name

M.I.

CWID

If you are interested in appealing the cancellation of your academic scholarship award(s), please complete this form and write a brief explanation outlining your special circumstances. If applicable, you may also attach documentation regarding any unusual events, medical problems, or other pertinent factors that might have negatively impacted your academic performance.

All appeals, including supporting documents, **MUST** be received no later than the date stated on the cancellation notice you received via email. Appeals submitted with insufficient documentation will be canceled after two weeks.

Brief Explanation: _____

Student Signature: _____ Date: _____

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

FOR OFFICE USE ONLY			
SL:	PL:		
AL:	GPA:	MAJOR:	SG:
TGP:	AMT:	RN:	ATHL:
COMM DEC:	SIG: DATE:		

Return to:

Pepperdine University • Seaver College • Office of Financial Assistance

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