مكتب المساعدات المالية
FINANCIAL AID OFFICE

AUB American University of Beirut
الجامعة الأميركية في بيروت

Reconsideration of Financial Aid Decision
Petition Form – Continuing Student

To: **Financial Aid Office** **Date:** _____

From: **Student:** _____ **ID No:** _____

Faculty/School: _____ **Major:** _____

Subject: Reconsideration of Financial Aid Decision for the **academic year 2009-2010**.

I, the undersigned, petition to reconsider the decision made on my financial aid application for the academic year 2009-2010 for the reason(s) detailed below:

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The latest financial aid results show that: ☐ I was denied financial aid

☐ I have received _____% financial aid

☐ I have received Work Scholarship through financial aid

For students from the faculties of engineering, business, nursing & medicine: I have received _____% loan

Check the statement that applies to you and explain if necessary:

☐ If I qualify, I am willing to work for additional financial aid

☐ I cannot work for additional financial aid because: _____

Student Signature: _____

N.B.: a. Please support your new input with documents to help in the new assessment.
b. You may attach recommendation letter(s) in support of your financial status.
c. Once a petition is filed, a second interview and/or a house visit could be necessary

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For Financial Aid Office use only:

Previous % Allocated			New Decision				Date	Signature
Need	Merit	Work	Need	Work	Loan	Total		