Please contact our office if you need assistance completing this form.

Suffolk University
• Office of Student Financial Services• 73 Tremont Street • Boston, MA 02108
617-573-8470 • 617-720-3579 (fax)

2027-2028 Appeal Application

If you wish to appeal the aid awarded by the Office of Student Financial Services you must complete this application in full. Please remember Student Financial Services has already extended our best possible offer based on available funding and information reported on your application.

This appeal should be based on changes to your family circumstances which are not reflected on your 2027-2028 FAFSA. If the student's file has been selected for Verification, the file must be complete and verified before this appeal will be reviewed.

***Note to new students*: Suffolk University does not match offers from other schools. Appeals requesting an award match from another university will not result in an increased award package.**

Student's Name _____ **Student UID**_____
(e.g. UID009999999)

1. Indicate basis for appeal and provide detailed explanation in question 5.
Check appropriate line(s):

____ Death of a family member (Indicate name and relationship to you) _____
____ Illness
____ Change in income for student (refer to question 4 below)
____ Change in income for parent(s) (refer to question 4 below)
____ Other _____

2. Indicate your grade level for 2027-2028

Freshman
Sophomore
Junior
Senior
Graduate
____ Law Student

3. Indicate the number of credits enrolled in/planning to enroll in for following semesters:

Fall 2027 _____

Spring 2028 _____

4. Your 2027-28 FAFSA reports 2025 tax information.

***If you wish to appeal based on a change in income from tax year 2025 to tax year 2026, please provide 2025 income/benefits below and submit signed copies of 2025 federal tax returns.**

Student's (and spouse's) **2026 Adjusted Gross Income (AGI)** **$ _____**
Student's (and spouse's) **2026 untaxed income/benefits** **$ _____**
Parent(s) 2026 Adjusted Gross Income (AGI) **$ _____**
Parent(s) 2026 untaxed income/benefits **$ _____**

***If you wish to appeal based on a change in income from tax year 2025 to tax year 2027, please provide an estimate of 2027 income and benefits, both taxable and untaxed.**

Projected 2027 income for student: _____
Projected 2027 income for parent(s): _____

5. Explanation/Comments. Please indicate reason for the appeal:

_____

_____

_____

_____

_____

_____

_____

All appeals must be accompanied by supporting documentation. For example, if you are appealing as a result of illness, include copies of medical bills, doctor's statements, etc. If you are appealing on the basis of unemployment, you must submit verification such as a letter from your employer, copies of your last pay stub, verification of unemployment benefits, etc. **Please remember to attach supporting documentation.** After submission, your financial aid counselor may reach out to you to request additional information or documents.

Note: If you receive any additional funding through the appeal process for this academic year, renewal of that funding may not be awarded for subsequent years. In other words, increased aid awarded now is not guaranteed for the future. ***Your signature below indicates that you understand this appeal process.***

X_____ _____
Student's signature **Date**

A "wet signature" is required, electronic signature will not be accepted.