

Athletic Aid Appeal Form

Name (print)	RMU ID#
Address	
Phone Number	Email Address
your coach and/or the Athletic you feel that the cancelation or	lease be sure that you have already discussed your grievance with Director. Use the space provided below to explain the reason why reduction of your athletic scholarship was unjust. Please be as relevant supporting documentation.
Signature	Date
Do you wish to attend	the appeals committee meeting? Yes/No (please circle your choice)
	Do Not Write Below This Line
Office Use Only	
Date of Review:	Final Decision: