



Student Financial Aid Office
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Louisville, KY 40292

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Additional Information for Deferred SAP Appeal

Name: Last _____ **First** _____ **M.I.** _____ **Student I.D.** _____

Phone # _____ **Confirm your UofL e-mail address** _____

The SAP appeal committee has requested additional information before a final decision can be on your appeal. Submitting the requested information **does not** guarantee that your appeal will be approved. Once the deferral information is received it can take an additional 15 business days before the final decision will be made.

- **I certify that I have read the letter sent to me regarding the decision to defer my SAP appeal for additional information, and that I have attached all information requested by the committee.**

Student Signature _____ **Date** _____

OFFICE USE ONLY:

Comment added the deferral information was received: _____
Staff Initials Date

Student submitted requested information: Yes No

Additional Comments: