

Student Financial Aid Office University of Louisville Louisville, KY 40292

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## Additional Information for Deferred SAP Appeal

Name: Last	First	M.I.	Student I.D.
Phone #	Confirm	Confirm your UofL e-mail address	
Submitting the requested info	rmation does not	guarantee that your a	fore a final decision can be on your appeal. appeal will be approved. Once the deferral fore the final decision will be made.
****			the decision to defer my SAP appeal for rmation requested by the committee.
Student Signature			Date
	OFF	FICE USE ONLY:	
Comment added the deferral i	nformation was re		Date
Student submitted requested i	nformation: Yes	No	
Additional Comments:			