

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 y	your UofL e-mail addre	ess	
Submitting the requeste	ed information does not g	uarantee that your a	ore a final decision can be or ppeal will be approved. One fore the final decision will be	e the deferral
_			he decision to defer my SAI mation requested by the co	
Student Signature			Date	
	OFFI	CE USE ONLY:		
Comment added the de	ferral information was rec	<u></u> -	Date	
Student submitted requ	ested information: Yes	No		
Additional Comments:				