

TO BE COMPLETED BY STUDENT				
I request the Office of Student Financial Aid to complete the information named on this form and return to me in PDF format via my Wayne State University e-mail.				
Student name:	_Banner ID:			
Signature:	Date:			

*This is a cover page only. Please proceed to next page.

Date returned to student's WSU email address	
Name (Print):	_Signature:
Title: Financial Aid Officer [] Assistant [] Assoc	ciate [] Director Other: []



Financial Information for Housing Cancellation Appeal

OSFA: Please fill in blanks below. This will assist the Housing Cancellation Appeals Committee with understanding the student's financial situation. Please scan and return directly to student as a PDF.

Student: Complete cover page and take this blank form to the 1st floor of the WSU Welcome Center OR email to studentservice@wayne.edu. You should anticipate receiving the completed form back within 5 business days. When you receive this form, please upload to the Housing Cancellation Appeal Form. Do NOT submit the Housing Cancellation Appeal Form without this form completed by OSFA.

Please note that completion of this form **does not guarantee** a successful housing cancellation appeal.

TO BE COMPLETED BY OSFA			
Date form received:			
Date of FAFSA submission:			
Expected Family Contribution:	\$		
	*		
Total amount of grants/scholarships/etc offered:	\$		
	\$		
Total amount of scholarships/grants/etc accepted :			
	\$		
Total amount of loans offered :			
Total amount of loans accepted :	\$		
		Y	NI
Was a Parent PLUS loan application submitted?		Y	N
	\$		
Aid offered in lieu of Parent PLUS loan (if applicable):	T		
Date of award acceptance by student:			
Total aid applicable to Housing fees:	\$		
Is the student currently making Satisfactory Academic Progress?		Y	Ν
		Y	Ν
If no, did the student submit an appeal?		•	
	\$		
Current account balance:			

Name (Print): ______ Signature: _____

Title: Financial Aid Officer [] Assistant [] Associate [] Director Other: []