Appeal Procedures of Financial Aid Committee Decision

- The student has the right to appeal the financial Aid Committee decision if he/she feel there are some extenuating circumstances that require revision.
- The appeal procedures performed through completing the "Financial Aid Appeal Request Form" that contains a concise and thorough statement describing the reasons for the appeal. It is better to attach all necessary documents pertaining to the request.
- The appeal request should be submitted to Student Fund and Financial Aid Section within 10 business days of the date of the Financial Aid Committee decision. The Vice President for Student Affairs shall review the documents and the nature of the appeal and make the final decision.
- The student will be informed of his/her appeal decision via e-mail within 10 business days of the appeal submission. The decision of the appeal is final and may not be appealed.

The Committee is not responsible for any delay in the registration of the student during the appealing period. It remains the full responsibility of the student to pay his/her own fees by the due date. If the fees not paid on time, the student may not be able to register for next semester.

Financial Aid Appeal Request Form

Name: _____ QU ID: ☐☐☐☐☐☐☐☐

Nationality: ☐ Qatari or Qatar Travel Document Holder

☐ Non-Qatari (Kindly choose the type of scholarship): ⊙ Internal ⊙ External ⊙ No scholarship

Email: _____ Mobile: ☐☐☐☐☐☐☐☐

Appealing against the Financial Aid Committee decision because of rejecting:

☐ Monthly Financial Aid   ☐ Tuition Fees Aid

☐ Exemption from Transportation Fees   ☐ Housing Fees Aid

Reason for Appealing:

_____

_____

_____

I acknowledge that I have read and agreed on the attached appeal procedures and certify that the information provided is complete and accurate.

Student Signature: _____ Date: _____

For Student Fund and Financial Aid Section Use Only:

Accumulative GPA: _____   Average Revenue: _____

The Section Opinion: ………………………………………………..…………………………………………………
…………………………………………………………………………………………………......................
…………………………………………………………………………………………………..

Name & Signature: _____ Date: _____

For VP for Student Affairs Use Only:

The decision: ☐ Eligible starting from ……………………. ☐ Not eligible

Comments: …………………………………………………………..…………………………………………………
…………………………………………………………………………………………………......................

Signature: _____ Date: _____