

Office of Student Financial Aid

103 Wilder Tower Memphis, TN 38152

Phone: 901.678.4825 **Fax:** 901.678.3590

Web: www.memphis.edu/financialaid

2025 - 2026 ATHLETIC GRANT-IN-AID REQUEST FOR APPEAL

SECTION A – STUDENT INFORMATION	
Student Name:	U ID Number:
Phone Number:	University Email:
Athletic Team Affiliation:	Head Coach:
SECTION B – APPEAL EXPLANATI	ON AND JUSTIFICATION
statement below. Use additional or a sepa	ion of the basis for your appeal along with documentation to support your rate page if necessary. If using a separate/additional pages, please iclude with your submission of this completed form.
SECTION C – STUDENT ACKNOWI	LEDGMENT AND CERTIFICATION
and correct to the best of my knowledge officials to verify any information on violation of the University of Memphi	t all statements and information provided on this form are true, complete, and will provide proof if requested. I authorize University of Memphis this form by contacting any person/organization. I understand it is a s Student Code of Conduct to purposefully give false or misleading subject to University of Memphis sanctions.
Student Signature:	Date:
(TYPED SIGN	ATURES CANNOT BE ACCEPTED)

SECTION D – SUBMISSION

Submit this completed appeal form and all supporting documentation via email to:

Andrew B. Linn
Executive Director of Student Financial and Scholarships
University of Memphis
ablinn@memphis.edu

Appeals must be submitted **within 5 business days** of the date on the latest Athletic Grant-In-Aid notification. Appeals received after the deadline will not be considered.