

## 2025-2026 Late FAFSA/DREAM Act Application Appeal

Name: Last

First

UID#

**Check this box if you will be enrolled at UCLA for Summer 2025**

Students who file their Financial Aid Application past the March 2nd priority filing deadline are not automatically considered for institutional aid. **If your Student Aid Index exceeds your cost of attendance, submitting this appeal will not change your eligibility for institutional aid.**

### INSTRUCTIONS

On the 2nd page of this appeal, please provide a legible and complete statement indicating all of the extenuating circumstances that caused you to miss the priority filing deadline. **Your explanation must demonstrate your inability to complete the application within the above-mentioned time frame.**

**\*\*All appeals must be accompanied with supporting documentation**

For example: A professional statement on letterhead. (Doctor's Note, etc.)

**\*\*Late appeal statements MUST be written by the student. Statements written by parents or relatives will not be accepted or considered.**

**Examples of extenuating circumstances we may consider include:**

- Hospitalization
- Natural Disaster
- Applications submitted with incorrect personal information
- Other extenuating circumstances rendering you incapable of applying by the priority filing deadline.

### REVIEW PROCESS

If your appeal is approved OR denied, you will be notified electronically via your Financial Aid Notification. Appeal approvals **are a one-time exception**. All students are required to apply by the March 2nd priority filing deadline each year in order to be considered for institutional aid.

Second or Third consecutive year appeals are generally not approved unless the circumstances and documentation are different than the reasons provided in a previous year.

**Appeal review time is 2 -3 weeks from the date of submission.**

### HOW TO SUBMIT

Please submit this appeal form and supporting documentation via the [MyUCLA Message Center](#) under the "New Admit- Submit Documents" queue.

Provide a **complete** explanation of the extenuating circumstance below OR attach a separate page.

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**CERTIFICATION STATEMENT:** I certify that all information reported on this form is true and accurate to the best of my knowledge. I have also attached all required documentation, if necessary. I understand that purposely falsifying information may lead to a cancellation of my aid and prevent me from receiving financial aid in future academic years. I understand that certain awards (University grants, Work-Study, and Perkins Loan) are subject to availability of funds and review/approval of this form does not guarantee receipt of those awards if in the event funding has been exhausted.

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Student Signature

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Date