2023-2024 Late FAFSA and/or DREAM Act Application Appeal

Name: Last	First	UID#		
	☐ Check this box if	f you will be enrolled at UCLA for Summer 2023		
Students who file their Financial Aid Application past the March 2nd priority filing deadline are not automatically considered for institutional aid. If your Expected Family Contribution exceeds your cost of attendance, submitting this appeal will not change your eligibility for institutional aid.				
INSTRUCTIONS				
that caused you to m ble for submission as	iss the priority filing deadles of October 1st and the pri	ole and complete statement indicating all of the extenuating circum lline. Remember that the FAFSA and DREAM Act Applications are ciority filing deadline is March 2nd every year. Your explanation is dication within the above mentioned time frame.	re availa-	
		pporting documentation etterhead. (Doctor's Note, etc.)		
**Late appeal state accepted	ments MUST be written	by the student. Statements written by parents or relatives wil	ll not be	
 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 PROCE	SS			
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 date of submission				
HOW TO SUBMIT				

Fax: 310-267-4143

Attn: UCLA Financial Aid and

Scholarships

ONLINE
Log on to MyUCLA> click Finances and

Jobs tab> under Financial Aid and Scholar-

ships click> View All Documents.

Attach form as necessary

Provide a complete explanation of the extenuating circumstance below OR attach a separate page.			
CERTIFICATION STATEMENT: I certify the knowledge. I have also attached all required doc a cancellation of my aid and prevent me from required conversity grants, Work-Study, and Perkins Lottee receipt of those awards if in the event funding	hat all information reported on this form is true and accurate to the best of my umentation, if necessary. I understand that purposely falsifying information may lead to ceiving financial aid in future academic years. I understand that certain awards an) are subject to availability of funds and review/approval of this form does not guarang has been exhausted.		
Student Signature	Date		