



INSTITUTIONAL AID EXTENSION APPEAL

Academic Year 2024-2025

DIRECTIONS—Saint Martin's University Institutional funds are guaranteed for 4 years of your undergraduate academic career. If you are unable to complete your degree program and would like to extend your institutional aid for an additional year, please complete this appeal form and submit it to the Office of Financial Aid.

Upon submission and review, you will receive an email notification with a decision of the appeal.

Return this form to:

Office of Financial Aid – Old Main 250

Email: Finaid@stmartin.edu

Phone: (360) 688-2150

Upload via Secure Drop Box:



PART A. Student information		
Name (last, first, middle initial)	Student ID# 000	Phone (include area code)
Current mailing address (street, apartment or PO Box number, city, state, ZIP code, country)		
Anticipated Graduation Date (e.g., Spring 2025): _____ Major: _____		
PART B. Personal statement		
Please attach a typed detailed response describing your reasons for requesting an extension on your Saint Martin's University Institutional funds.		
PART C. Certification		
You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered. I understand that submitting an extension appeal will not guarantee the reinstatement of my Saint Martin's University institutional funds.		
Student signature		Date

Office of Financial Aid Use Only:

Scanned to Jbod: _____

Processed by: _____

Global Comments in PFAIDS: _____