

 CUE CATHOLIC UNIVERSITY IN ERBIL	SCHOLARSHIP APPEAL FORM	FORM NUMBER: FA-FR-001
		EFFECTIVE DATE: Feb-26 2026 REVISION DATE: Sep-26 2027

This form is for students requesting a reconsideration of a scholarship decision due to exceptional circumstances. Please provide clear and accurate information to support your appeal. Attach any relevant documents (e.g., medical reports, financial statements, or supporting letters) to strengthen your request.

The form is to be submitted to the Financial Aid and Scholarship Office.

IDENTIFICATION INFORMATION	
Full name	
Student ID #	
First choice department	
Email	
Phone number	
APPEAL REQUEST	
Subject of appeal (e.g., scholarship reduction, reinstatement, special consideration, etc.)	
Reason for appeal (Please provide a brief explanation of your situation, including exceptional circumstances such as illness, financial hardship, family emergency, etc.)	
Supporting documents attached	1. 2. 3. 4. 5.
STUDENT DECLARATION	
I certify that the information provided in this appeal is accurate and complete to the best of my knowledge. I understand that any false information may result in the rejection of my appeal.	



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IN ERBIL

SCHOLARSHIP APPEAL FORM

FORM NUMBER: FA-FR-001

EFFECTIVE DATE: Feb-26 2026

REVISION DATE: Sep-26 2027

Signature: _____

Date: _____

Name: _____

ENDORSEMENT OF THE FINANCIAL AID AND SCHOLARSHIP OFFICE

Reviewed by: _____ Date received: _____

Decision of the Financial Aid and Scholarship Office:

Signature: _____ Date: _____

Name: _____

Position: _____

RETURN THE SIGNED DOCUMENT TO THE FINANCIAL AID AND SCHOLARSHIP OFFICE