



Student Aid Review for Retroactive Withdrawal

This form must accompany all petitions to the Faculty Senate for Retroactive Withdrawal

Student Name: _____ PSU ID: _____

Email: _____ Phone: _____
(PSU preferred)

While a student at Penn State, have you ever received federal student aid (Federal Stafford subsidized and/or unsubsidized loan, Federal Direct Parent PLUS loan, Perkins loan, Pell grant, and/or a Supplemental Educational Opportunity grant)?

NOTE: Federal student aid does not include tuition remission for dependents of Penn State employees, athletic grants, some scholarships, wage-payroll earnings, or Pennsylvania state grants.

STUDENT ACTION: Check the appropriate box and follow the related instructions.

No, I did not receive Federal Student Aid.

A review by the Office of Student Aid is not required. Sign below and submit this form with your petition.

Student Signature: _____ **Date:** _____

Yes, I did receive Federal Student Aid.

Prior to requesting a retroactive withdrawal, you must consider the financial consequences (studentaid.psu.edu/eligibility/satisfactory-academic-progress). Follow the steps below for a Student Aid review.

1. Fill in this chart with the semester(s) for which you are petitioning for retroactive withdrawal:

Requested Retroactive Action	Semester(s) (e.g. FA/21)
Retroactive Withdrawal	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> _____ / _____ _____ / _____ </div> <div style="text-align: center;"> _____ / _____ _____ / _____ </div> </div>

2. **Mail, fax, deliver, or upload this form to Student Aid:** 314 Shields Bldg, University Park, PA 16802; Fax 814- 863-0322; upload.studentaid.psu.edu

3. **Student aid consultation:** You will be contacted by Student Aid within three weeks of the submission of this review request at the phone number or email address listed above. An appointment may be arranged for you to learn about the financial consequences. The back of the form will be completed and returned to you for submission with your petition.

Student Signature: _____ **Date:** _____

****University Park Office of Student Aid Use Only****

(Aid representatives at locations other than University Park must send form to UP for completion.)

Will the student lose aid eligibility as a result of this action?

No _____ If no, sign and date the form.

Yes _____ If yes, sign and date form and notify student that he/she will lose aid eligibility and be required to repay the following aid immediately:

Semester or Session(s) / Academic Year	Aid Source(s)	Amount to be Repaid

Total Aid to be Repaid immediately if Retroactive Withdrawal is approved: _____

Projected Academic Progression Status for current semester: _____

Financial Aid Representative Signature: _____ Date: _____

This section must be completed by the student after the information has been reviewed by the Office of Student Aid.

I have reviewed the above information provided by a representative from the Office of Student Aid. I understand that if my retroactive withdrawal petition is approved, I will be required to repay immediately all federal aid listed above. I also understand that once my financial aid has been cancelled, this action is irreversible.

Student Signature: _____ **Date:** _____