



Office of Student Aid
 314 Shields Building
 University Park, PA 16802

Phone: (814) 865-6301
 Fax: (814) 863-0322
 StudentAid.psu.edu

Student Aid Review for Retroactive Withdrawal

This form must accompany all petitions to the Faculty Senate for Retroactive Withdrawal for students who have ever received federal student aid while a student at Penn State (Federal Subsidized and/or Unsubsidized Loans, Federal Direct Parent PLUS Loans, Perkins Loans, Pell Grants, and/or Federal Supplemental Educational Opportunity Grants).

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 Name: _____ PSU ID: _____

Email: _____ Phone: _____
 (PSU preferred)

STUDENT SECTION:

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.

- 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	_____ / _____ _____ / _____

- Mail, fax, deliver, or upload this form to Student Aid:** 314 Shields Building, University Park, PA 16802; Fax 814-863-0322; upload.studentaid.psu.edu
- Student aid consultation:** You will be contacted by the Office of Student Aid within three weeks of submitting 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 federal student 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 Satisfactory Academic Progress 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 immediately repay all federal student aid listed above. I also understand that once my financial aid has been cancelled, this action is irreversible.

Student Signature: _____ **Date:** _____