Scholarship Office 2016-2017
Academic Scholarship Appeal Form

Complete the form below and return to the Scholarship Office at 201 Wilder Tower. Fall appeal decisions are made after the June 19th appeal deadline. Spring appeal decisions are made after the January 15th appeal deadline.

Appeal deadline for Fall 2016 is July 22, 2016
Appeal deadline for Spring 2017 is January 15, 2017

Please make arrangements to pay your fees by the Bursar’s Office published deadlines as the decision on this appeal may be after that time. There is no guarantee that any appeal will be approved so please plan accordingly.

DO NOT USE THIS FORM FOR “HOPE” APPEALS.

Please select applicable term ________Fall 2016 ________Spring 2017

Name: __________________________________________________   Date Submitted: _______________________

Last   First        Middle
U ID Number: __________________________  Phone Number: _______________________________________

Mailing Address: ________________________________________________________________________________

Street      City  State  Zip Code

* E-mail Address (Required): ______________________________________________________________________

Name of Scholarship: ____________________________________________ Major: ___________________________

Most Recent Term GPA: ___________________________  Cumulative GPA: _________________________

GPA       /   TERM

Please check the reason(s) applicable to your appeal:

_____ I did not complete the required service hours  _____ I did not enroll for the _______ term

_____ I did not earn the required 2.0 term GPA  _____ I did not complete the required 24 hrs for the AY

_____ I did not earn the required cumulative GPA  _____ Other ___________________________________

(2.75, after first academic year (AY), 3.00, each AY thereafter)

To submit an appeal, you must provide the following information and staple it to this form:

1. Attach a detailed letter that is typed explaining your petition for eligibility, and what actions you have taken to correct the situation (such as Academic Advising, Student Disability Services, Educational Support Program, etc.)

2. Enclose copies of supporting documentation (such as death certificate or statements from medical doctors, advisors, psychologists, etc.) Appeals will not be reviewed without verifiable documentation. Note: Medical documentation must be specific to how the medical situation impacted your ability to attend and/or perform academically. Do not just include prescription copies with your appeal statement.

I certify that all of the above statements and attached documentation are true and accurate. I understand that the submission of this application does NOT guarantee approval and that I am responsible for meeting all tuition and fee deadlines.

Student Signature: _________________________________________ Date: __________________

For Office Use Only: Appeal Decision: _____ Approved _____ Denied _____ Pending

Office Signature: __________________________________________ Date __________________

Comments/Special Circumstances: _______________________________________________

Academic Record

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