

Scholarship Office
Academic Scholarship Appeal Form (A)

- ❖ Complete the information below and return to the Scholarship Office, 107 Wilder Tower. You will be notified by e-mail once a decision has been made regarding your appeal. Remember, appeal decisions are made after each semester ends, i.e. once grades are posted and reviewed, **AND** after the last day listed to submit academic scholarship appeals. **You may submit this form for Spring 2010 from October 5, 2009 – January 4, 2010.**
- ❖ **NOTE: All students submitting appeals are responsible for paying all required fees and any late fees by the appropriate deadlines as set by the university. You will be notified by e-mail regarding the appeal decision. DO NOT USE THIS FORM FOR HOPE APPEALS.**

Name _____ Date Submitted _____

Last First Middle

U ID Number _____ Phone Number _____

(Locate d in the top right corner of your Student Schedule)

Mailing Address _____

Street City State Zip Code

* E-mail Address (Required) _____

*NOTE: You will be notified by e-mail regarding the appeal decision.

For what semester are you appealing? _____ Have you appealed before? _____

For what scholarship are you making this appeal? _____

What was your Fall 2009 semester grade point average, if applicable? _____

What is your cumulative grade point average? _____

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. By signing this form, I am granting consent for this appeal to be presented to the Scholarship Appeals Committee. All student information provided to the committee remains confidential and will not be shared except for the purpose of rendering a decision on this scholarship appeal.

Student Signature: _____ Date: _____

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

Committee Member/Designee Signature: _____ Date _____

Comments/Special Circumstances: _____
