

- ❖ Complete the form below and return via email to scholarships@memphis.edu. Fall appeal decisions are made after the July 15th appeal deadline. Spring appeal decisions are made after the January 15th appeal deadline.

Appeal deadline for Fall is July 15th and Appeal deadline for Spring is January 15th

- ❖ Please make arrangements to pay your fees by the University & Student Business Services 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.
- ❖ The deadline is automatically extended to the next business day when appeal deadline date falls on a weekend, .

DO NOT USE THIS FORM FOR “HOPE” APPEALS.

Please indicate the term you are requesting reinstatement: _____ Fall _____ Spring

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:

<input type="checkbox"/> I did not complete the required service hours	<input type="checkbox"/> I did not enroll for the _____ term <small>Sem/Year</small>
<input type="checkbox"/> I did not earn the required 2.0 term GPA	<input type="checkbox"/> I did not complete the required 24 hrs for the AY
<input type="checkbox"/> I did not earn the required cumulative GPA <small>(2.75, after first academic year (AY), 3.00, each AY thereafter)</small>	<input type="checkbox"/> Other _____

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 _____	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="3">Academic Record</th> </tr> <tr> <th>Sem.</th> <th>Sem. GPA</th> <th>Cum. GPA</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Academic Record			Sem.	Sem. GPA	Cum. GPA									
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Sem.	Sem. GPA	Cum. GPA														
Office Signature: _____ Date _____																
Comments/Special Circumstances: _____																