

Scholarship Appeal

Students may request an exception to the scholarship policy when extenuating circumstances have occurred. When completing this form, state your request, describe the specific incident or hardship, and attach any supporting documentation. Be aware that your request may not be processed if you do not include relevant documentation and/or explanations. **Return the completed form to the Office of Admission.**

Name: _____

Mustang ID: _____

Street Address: _____

Program/Major: _____

Street Address: _____

Phone: _____

City, State, ZIP: _____

Email: _____

Description of your request (attach additional pages if need):

Scholarship under review: _____

GPA required for scholarship: _____

Cumulative GPA earned by student: _____

Explain in detail the circumstances that affected your progress (death of a relative, illness, injury, etc.). **Please include documentation from** a doctor, clergy, counselor, instructor who can verify this information. (Attach additional pages if necessary.)

(Student signature)

Date: _____

OFFICE USE ONLY

Administrator action:

Denied. Approved.

This appeal cannot be approved at this time because the student must include the following documentation:

Additional administrator comments:

Administrator name: (*print*) _____

Administrator signature: _____

Date: _____

Logged by: _____

Date: _____

cumulative GPA: _____

cumulative credits attempted: _____

cumulative credits completed: _____

term aid suspended: _____