



UT Tyler

THE UNIVERSITY OF TEXAS AT TYLER

Scholarship Satisfactory Academic Progress Re-Evaluation Request

(This form will not be accepted until grades are posted for the indicated semester)

Student Name _____ Student ID # _____
(Last, First, MI)

All correspondence will be sent to the student's UT Tyler Patriot e-mail address.

I request the Office of Enrollment Services to re-evaluate my renewal eligibility for scholarships.

Please indicate the name of your scholarship

I have completed course work at UT Tyler for the following semester(s):

Aid Year: _____

Summer I
(Submit after July 1st)

Summer II / Long Summer
(Submit after August 1st)

Other (Grade Changes)
(Submit after Grade is changed)

Students who have met scholarship renewal eligibility requirements will be notified by the Office of Enrollment Services with an official award notice via Patriot student email. The award must be accepted on-line and a Letter of Appreciation must be submitted before monies will be applied to the student's account.

Allow 5-10 business days for review.

My signature certifies that I have read this form AND I have completed the requirements needed to support my re-evaluation request.

Signature _____

Date _____

With few exceptions, you are entitled on your request to be informed about the information The University of Texas at Tyler collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have The University of Texas at Tyler correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that The University of Texas at Tyler collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

Office Use Only:

Approved: _____ Declined: _____ Financial Aid Counselor: _____

Notes: _____

