



## Scholarship Appeal Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
(Last, First, MI)

If you wish to be considered for reinstatement of scholarship(s), you must submit 1. this form 2. your written appeal letter 3. any supporting documentation and 4. an advisor signed copy of your degree plan in person, by mail, or by email.

For what semester are you requesting an appeal:  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

Name of Scholarship(s): \_\_\_\_\_

**What degree are you working toward (indicate only one):**

First Undergraduate  Second Undergraduate  Certificate Program  Graduate

Nature of Appeal: Indicate which situation best describes the causes of your academic difficulty:

- Medical: If a personal medical problem contributed to your failure to maintain scholarship satisfactory academic progress, attach documentation from a medical professional from whom you received advice or treatment.
- Death/Illness: If the death or illness of an immediate family member contributed to your lack of academic progress, please attach appropriate copies of medical records, or a death certificate.
- Military Service: If you have withdrawn or postponed enrollment due to military service, provide documentation.
- Other Circumstances: Please clearly state the circumstances (not listed above) in your appeal letter and provide appropriate documentation.

**Note: Circumstances related to the typical adjustments to college life such as working while attending school, financial issues related to paying bills and car maintenance/travel to campus, are NOT considered extenuating for the purpose of appealing the suspension of scholarships.**

**Student Acknowledgments of Appeal Results (Read and Initial)**

\_\_\_\_\_ If my appeal is **DENIED**, I understand that decisions are processed on a case-by-case basis and the committee may deny any scholarship appeal. I also understand that the decision of the appeal committee is **final**.

\_\_\_\_\_ If my appeal is **APPROVED**, I recognize that I will be at a probationary status **AND** am expected to make academic progress as detailed in the appeal acknowledgement form within the term for which the appeal has been approved.

**By submitting this document, I understand that if I do not meet these requirements I will be ineligible to receive scholarships and will be responsible for payment toward my student bill until I meet the scholarship requirements. I understand that incomplete appeals will not be heard by the committee.**

**Certification and Signature**

I certify that all information reported on this form and in my supporting documentation is complete and correct.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Use By university officials only:**

Please verify that all required components of the application for appeal are included

Letter Concerning Nature of Appeal  Advisor Signed Degree Plan  Supporting Documentation  Checked By \_\_\_\_\_

**Office of Financial Aid and Scholarship**  
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[enroll@uttyler.edu](mailto:enroll@uttyler.edu)