



The University of Texas of the Permian Basin

Office of Student Financial Aid

## Scholarship Appeal Form

**Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Scholarship:** \_\_\_\_\_

**Appeal Term:** \_\_\_\_\_ **Hours Remaining:** \_\_\_\_\_

Appeal forms must be submitted prior to or during the semester the student is enrolled requesting reinstatement of scholarship. Enrollment less than Full Time Status is subject to proration of award. Upon decision, you will be notified of the approval or denial of the appeal.

Please check the circumstance that applies. You must provide supporting documentation, otherwise, your appeal will be denied.

\_\_\_\_\_ Did not complete required academic hours

\_\_\_\_\_ Did not meet required Cumulative Grade Point (GPA) Average

\_\_\_\_\_ Unable to enroll in Full Time hours in current term

\_\_\_\_\_ Graduating at the end of the term

### Procedure for an Appeal:

- **Appeal Letter:** explain in detail the reason academic hours were not completed or GPA required was not earned or unable to be Full Time status. Please attach appropriate documentation.
  - What steps have you taken address the situation or circumstance in the future? Have there been changes in your situation that will allow you to complete your classes successfully? Please explain how these changes will allow you to demonstrate progress by the next semester.
- **Signed Degree Plan:** A signed degree plan from your academic advisor.