

## 2025-2026 Financial Aid Appeal

**Note:** If you have lost your financial aid eligibility due to failure to maintain Satisfactory Academic Progress (SAP), the appeal you need to complete is a SAP appeal. Our SAP appeal can be found under the appeal section of our forms library.

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Documents received after priority deadline do not guarantee that aid will be available before classes begin and it is recommended that you sign up for a payment plan to hold your classes until your financial aid is processed.

### Deadlines to submit appeal:

**For Fall 2025 – December 1, 2025**

**For Spring 2025 – April 20, 2026**

Must be processed prior to the semester or during the semester in which the award requirement(s) were not met. Students cannot appeal for a previous semester.

The University of Texas Permian Basin has established requirements for institutional financial aid and abides by State laws for state Grants. UT Permian Basin students who wish to be considered for institutional and state student aid must maintain eligibility as set forth in our policies. Please Review the Eligibility and Enrollment section of our website: [utpb.edu/eligibility](http://utpb.edu/eligibility)

### Required Documents

#### This request form

- **Appeal Letter:** In a written statement explain in detail the reason you are requesting reinstatement of your Award. Attach as word document to this request form.
- **Supporting Documents:** Provide any documentation that supports your reasoning for not meeting the requirement(s) and compelling evidence such as documentation from a medical professional, death/birth certificate, etc. Additional documents may be required based upon the appeal committees review of your personal situation.
- **Degree plan:** Attach an updated and signed degree plan.

### Guidelines for appeal letter

- 1) **Explain in detail** when and what the issues were that affected your ability to meet requirement(s)?
- 2) **How** did you resolve the issue and **what** you are doing to prevent this from happening again?

### Office of Financial Aid & Scholarships use only

☐ **Approved**

☐ **Denied**

**Decision Date:** \_\_\_\_\_

**Comments:**

Submitting an appeal for (check all that apply):

☐ Falcon Free      ☐ Scholarship(s)      ☐ Texas Grant      ☐ Other

Which scholarship(s)? \_\_\_\_\_ If other, which award? \_\_\_\_\_

What is your classification?

☐ Freshmen      ☐ Sophomore      ☐ Junior      ☐ Senior

For what semester are you requesting an appeal?      ☐ Fall 2025 & Spring 2026 ☐ Spring 2026

Have you submitted an appeal before?      No ☐      Yes ☐

If yes, which semester? \_\_\_\_\_

\*An appeal will not be approved, if the reason for the appeal is the same as one previously approved.

**Reason for Appeal:** Please check all that apply to you

- |  |   |
|--|---|
| <input type="checkbox"/> Semester hour requirement not met<br>Falcon Free: 12+ credit hours<br>Merit Scholarship: 12+ credit hours<br>Texas Grant: 9+ credit hours<br>Other Scholarships: Vary | <input type="checkbox"/> 2.0/2.5 GPA requirement not met<br><input type="checkbox"/> Annual 24 hour requirement not met<br><input type="checkbox"/> Exceeds time frame<br><input type="checkbox"/> Other (indicate reason): _____ |
|--|---|

**Nature of Appeal:**

Indicate which situation best describes the causes of your inability to meet all requirements:

- ☐ **Graduation:** If you are graduating and are unable to enroll full time. Your supporting documentation will need to be an email from your advisor to [appeals@utpb.edu](mailto:appeals@utpb.edu) stating that you will graduate this term and will not fulfill the full-time requirement based on your remaining classes to graduate.
- ☐ **Medical:** If a personal medical problem contributed to your failure to maintain 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 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 financial aid.**

**Student Acknowledgement's 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 appeal. I also understand that the decision of the appeal committee is final.

\_\_\_\_\_ If my appeal is **APPROVED**, I recognize that I will be expected to continue to meet requirements.

### 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:** \_\_\_\_\_