



UNDERGRADUATE SCHOLARSHIP APPEAL REQUEST 2024-2025

Instructions: Your scholarship appeal must be complete and in by the deadline to be reviewed.

<p>Why are you appealing? Check all that apply.</p> <p><input type="radio"/> Failure to renew due to GPA.</p> <p><input type="radio"/> Failure to renew due to hours completion.</p> <p><input type="radio"/> Enrolling less than full-time as required.</p> <p>What is the reason for appealing?</p> <p><input type="radio"/> Medical</p> <p><input type="radio"/> Emergency</p> <p><input type="radio"/> Other, explain in your statement</p> <p><input type="radio"/> Graduation, must have applied and paid</p>	<p>Semester for appeal:</p> <p>Fall 2024 _____</p> <p>Spring 2025 _____</p> <p>Hours enrolled:</p> <p>Fall 2024 _____</p> <p>Spring 2025 _____</p> <p style="text-align: center;">DEADLINES:</p> <p style="background-color: yellow;">Fall 2023: September 10,2024</p> <p style="background-color: yellow;">Spring 2024: February 5,2025</p>
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Name: _____

TAMIU ID#: _____

Dusty Email: _____

Phone #: _____

Expected Graduation Date: _____

Major: _____

Name of scholarship(s) you are appealing to, do not include grants:

I understand that the committee will not review this appeal if the following items are missing.

1. Student letter of situation and request.
2. Documentation that supports the appeal such as medical bills, divorce decrees, death certificates, letters from doctors, counselors, academic advisors, parents, etc.

Student's signature: _____

Date: _____

For Office Use Only	
Fund Code(s):	Award Amount:
Decision: <input type="radio"/> Approved <input type="radio"/> Denied	Approved Amount:
Date processed: Processed by - staff initials: RHACOMM Updated by:	Notes:
Date student was emailed the results:	RRAAREQ Code SCHAPL Entered by staff: