University of Houston

Academic Scholarship Appeal Form

Award Year 2009 – 2010

• University of Houston • Office of Scholarships and Financial Aid •
31 E Cullen Building • Houston, TX 77204-2010
In Person: Welcome Center Room 120

Appeal Deadline: Fall 2009 • August 5, 2009 Spring 2010 • March 30, 2010

Students may initiate a scholarship appeal by completing this form if the following reasons apply: the student has been denied/cancelled scholarship assistance due to a lack of academic progress or you are requesting special circumstances outside of the freshman scholarship criteria (such as a request to take less than 12 hours or study abroad). Please complete this form and provide the necessary documentation to support the reason(s) for appealing. This form is strictly used for scholarships only. It will not be used to appeal any other form of aid.

Student Name: _____ PeopleSoft ID: _____

Phone: _____ Email Address: _____

Appeal Instructions: Submit in letter form the reason for the appeal. The explanation must be detailed, clearly stated and limited to one page. In addition, explain what measures you have taken to eliminate the problems leading to your poor academic progress. If the request is for time off you must state the reason for the time off and the semester you plan to return. If medical problems or death in the family contributed to your lack of academic progress please attach supporting documentation from physicians, funeral provider, psychologists, and/or any other health care professional(s) from whom you have received advice or treatment.

Name of University Scholarship: _____

Appeal For: ☐ Fall 2009 ☐ Spring 2010 Major: _____

Certification of Student: I understand that appeal decisions are made on a case-by-case basis. I understand the submission of this form does not constitute an approval of my appeal. I will be notified of the committee's decision by email at the address provided through People Soft Self Service (www.uh.edu/studentstatus) in approximately 3 weeks. ***Any fees I may owe the university are due on the date specified regardless of the status of my appeal.***

_____ _____
Student's Signature Date

For Office Use Only

Scholarship Support Received _____ semester. Current Scholarship Status: _____

Prior Appeals: **YES / NO** Previous Semester GPA: _____ Hours Completed Previous Semester: _____

Decision: APPROVED ☐ DENIED ☐ FULL COMMITTEE ☐

Comments: _____

_____

_____

Committee Member: _____ Date: _____

State law requires that you be informed of the following:)1) with few exceptions, your are entitled on request to be informed about the information the University collects about you by use of this form, (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information and; (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.