University of Houston
Academic Scholarship Appeal Form
Award Year 2010 – 2011

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 2010 • September 8, 2010 Spring 2011 • April 1, 2011

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 2010 ☐ Spring 2011
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 PeopleSoft 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, you 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.