

SH FINANCIAL AID APPEAL FORM

Student Name (black/blue ink only) _____ SAM ID _____

Students who fail to maintain Satisfactory Academic Progress (SAP) due to a mitigating circumstance may submit a written appeal with supportive documentation after they have received official notification of denial.

HOW TO APPEAL: All appeal form requirements below must be fully completed.

- Please indicate the term you are planning to return to school. ☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20____
- Are you currently enrolled at another University? ☐ YES ☐ NO
- You **must** include a personal statement, either typed or legibly written, providing a detailed explanation of your extenuating circumstance below for **all semesters** that contributed to your inability to maintain SAP.

Please check and follow the instructions for each denial category in which you are appealing. More than one may be checked.

<input type="checkbox"/> Deficient Completion Rate and/or Deficient GPA	<p>Medical: Serious illness or injury to the student or immediate family member (parent, spouse, sibling, child) which caused inability to attend or prepare for class for an extended period. Please provide an explanation of the nature and dates of the illness or injury and a statement from a physician.</p> <p>Death of an immediate family member: Attach a photocopy of a death certificate, funeral program, or obituary, include the name and proof of relationship to you.</p> <p>Significant trauma in the student's life or unexpected events that impaired the student's emotional or physical health or unexpected circumstances beyond the student's control other than one of the above situations: Please explain in detail the nature, date, and what you have done to overcome the specific event or circumstance that impacted your success. Supporting documentation from a third party (physician, social worker, educator, psychiatrist, police, etc.) must be provided.</p>
<input type="checkbox"/> Maximum Time Frame	<p>You have exceeded the Maximum Time Frame of credits to obtain your degree: In writing, please explain your change of major which led to exceeding your credit limit, the estimated number of credits remaining to complete your degree, and your anticipated graduation date. An appeal for Maximum Time Frame will only be completed one time. <i>Graduate students must contact the graduate counselor to determine eligibility for appeal.</i></p>
<input type="checkbox"/> Academic Plan	<p>You have not successfully completed a semester while being on Academic Plan: Please provide an explanation using the above extenuating circumstances as to why you did not complete the Academic Plan in which you were placed on for the previous semester.</p>
<input type="checkbox"/> Other	<p>Hazlewood or Other Waiver/Exemption</p>

- ☐ Sign and submit this form, personal statement, and all supporting documentation as mentioned in each category above to:
Mail or in Person: Financial Aid & Scholarships Office, Box 2328 Huntsville, TX 77341-2328 or by Fax: 936-294-3668

Any student submitting an appeal will receive a written response to their SHSU Email Account within ten (10) business days of receiving documentation. If an additional appeal is desired, the student may request an Appeal Hearing to provide additional documentation to support his or her appeal. Any student who has been denied financial aid due to lack of SAP must be prepared to pay any account balance regardless of any pending appeal status. The Financial Aid and Scholarships Office will not recommend any extension of payment deadlines for these students.

APPEAL DEADLINE: 30 days after your official SAP denial notice has been sent to your SHSU Email Account.

Student Certification: All information on this form, the written appeal and supporting documentation is true and complete to the best of my knowledge. I certify that I have read the instructions and understand that submitting an appeal does not guarantee an approval.

Student Signature _____ Date _____

**Return completed form to: Financial Aid and Scholarships Office
 Box 2328, Huntsville TX 77341-2328 Fax: 936.294.3668**