



# FINANCIAL AID APPEAL FORM

If you make any corrections, white outs, or alterations to any of your information on this form, you MUST initial next to it.

Student Name (blue or black 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.
  - Appeals based solely on financial and/or emotional needs without sufficient explanation or documentation will not be accepted.
  - Work is not considered a hardship since financial aid is viewed as a supplement to the student's income in order to help reduce the number of hours the average student would have to work in any given week.
  - It is the responsibility of the student to successfully complete all classes enrolled. Please remember that dropping a class, failing a class, withdrawing from a class, or repeating a class for which credit was previously earned is a personal decision made by the student.

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

Deficient Completion Rate and/or Deficient GPA <input type="checkbox"/>	<p><b>Medical:</b> 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><b>Death of an immediate family member:</b> Attach a photocopy of a death certificate, funeral program, or obituary, include the name and proof of relationship to you.</p> <p><b>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:</b> 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>
Maximum Time Frame <input type="checkbox"/>	<p><b>You have exceeded the Maximum Time Frame of credits to obtain your degree:</b> In writing, please explain the reason for 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 <b>one</b> time. <i>Graduate students must contact the graduate counselor to determine eligibility for appeal.</i></p>
Academic Plan <input type="checkbox"/>	<p><b>You have not successfully completed a semester while being on Academic Plan:</b> 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>
Other <input type="checkbox"/>	<p><b>Hazelwood or Other Waiver/Exemption</b></p>

- Sign and submit this form, personal statement, and all supporting documentation as mentioned in each category above to our office.

**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 & 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**