### Academic Scholarship Appeal/Petition Form

**Last Name** __________  **First Name** __________  **myUH ID** __________

**NOTE:** All deferments, petitions and appeals must be accompanied by a **personal statement explaining the request**. Letters from health professionals should certify that the medical condition prevented / will prevent the student from meeting scholarship requirements during the relevant semester(s).

### DEFERMENT: To be completed if student wants to place scholarship on hold for one semester.

- [ ] I am participating in an internship or co-op and will not enroll in classes for one semester  
  - **REQUIRED DOCUMENT:** official internship/co-op offer letter
- [ ] I am participating in a study abroad program and will not enroll in classes for one semester  
  - **REQUIRED DOCUMENT:** study abroad program information sheet and schedule
- [ ] I am taking a medical leave of absence and will not enroll in classes  
  - **REQUIRED DOCUMENT:** letter from health professional stating reason for leave of absence

### PETITION: To be completed if student has prior knowledge of circumstances that will prevent them from meeting the scholarship renewal requirements.

- [ ] I am registered with The Center for Students with Disabilities (CSD) and have approved accommodations that permit me to take fewer than 15 credit hours per semester. 
  - **REQUIRED DOCUMENT:** Official documents from CSD with specific, approved accommodations
- [ ] I am requesting to take less than 12 credit hours in my final semester before graduation  
  - **REQUIRED DOCUMENT:** Applied for graduation or a letter from advisor stating you will be graduating
- [ ] I am requesting to take fewer hours than required by my scholarship for some other reason
  - Fewer than 12 credit hours/semester  
  - Fewer than 30 credit hours/year

### APPEAL: To provide information on extenuating circumstances that led or will lead to scholarship cancellation.

- [ ] Illness/injury of student or immediate family member  
  - **REQUIRED DOCUMENT:** letter from health professional, timeline of events
- [ ] Death of family member  
  - **REQUIRED DOCUMENT:** death certificate or obituary
- [ ] Ongoing physical or mental illness  
  - **REQUIRED DOCUMENT:** letter from health professional, timeline of events
- [ ] Other: __________________________________________________________
  - **REQUIRED DOCUMENT:** letter from health professional, timeline of events

### Certification Statement

By signing this form, I acknowledge that deferments, petitions and appeals are decided on a case-by-case basis by the University Student Financial Support Committee. I understand that it is my responsibility to know the requirements of my scholarship. I understand that the submission of this form does not constitute approval of my request. **Any fees I may owe the university are due on the date specified regardless of the status of my appeal.**

**Student Signature** ____________________________________________  **Date** __/__/______

Submit this form, personal statement and supporting documents to scholarship-review@uh.edu