



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 2008 • August 5, 2009 Spring 2009 • March 30, 2010

Appeal Instructions: Please complete this form and attach your typed explanation and necessary documentation to support your reason(s) for appealing. The explanation must be detailed, clearly stated and limited to one page.

- Poor academic progress: Explain what measures you have taken to eliminate the problems leading to your situation.
- Medical problems or death in the family: Attach supporting documentation from physicians, funeral provider, psychologists, and/or any other health care professional(s) from whom you have received advice or treatment. You may also want to consult with Academic Program Management, ECullen, Room 109 for medical problems, death in the family or military leave. Keep in mind that any type of withdrawal may have a negative impact on your financial aid.
- Time off: State the reason for the time off and the semester you plan to return.

Student Name: _____ **MyUH ID:** _____

Email Address: _____ **Phone:** _____

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 <input type="checkbox"/> NO <input type="checkbox"/> | Previous Semester GPA: _____ Hours Completed Previous Semester: _____ |
| Decision: APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> FULL COMMITTEE <input type="checkbox"/> | |
| Comments: _____ _____ | |
| _____ Committee Member’s Signature | _____ 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.