

Mitigating Circumstance *FINAL* Appeal for SAP Plan Fail

Last Name _____ First Name _____ MI _____ myUH ID _____

Semester you last received aid – Check One: Fall Spring Summer 20____

Did you experience mitigating circumstances during that semester: Yes No

Please Note: This is your final SAP appeal that you can submit for financial aid. Your status is currently Plan Fail because you were placed on a SAP Plan or received an approved appeal, but you did not meet the conditions upon which you were approved. If your failure to meet these conditions were due to mitigating circumstances during that semester, please explain your circumstances below and attach relevant documentation.

Mitigating Event or Circumstance	Suggested documentation
<input type="checkbox"/> Health/Medical issue for the student or immediate family.	Letter from health professional, hospital documents, etc.
<input type="checkbox"/> Natural or unforeseen Disaster (i.e. hurricane, flooding, house fire)	Disaster claims from insurance or landlord.
<input type="checkbox"/> Death in the immediate family.	Death certificate and documentation of immediate-family relationship.
<input type="checkbox"/> Domestic Disturbance Issues in the family (i.e. divorce, abuse)	Police reports, psychiatrist reports, court-orders
<input type="checkbox"/> Graduating current semester	Letter from Advisor <u>or</u> Applied to Graduate

Information you provide will be held in the strictest confidence and is protected under the Family Educational Rights and Privacy Act.

In the space below, please provide a brief description about your mitigating circumstance:

Please Sign this Form (black or blue ink, no electronic signatures accepted)

I hereby certify that all information regarding my mitigating circumstances is true and complete to the best of my knowledge. I authorize the Office of Scholarships and Financial Aid to contact the persons or entities that I have provided to confirm the information I have provided. I understand that the submission of this appeal does not constitute an approval, nor does it release me from the financial obligations as determined by the Office of Student Business Services. I understand that the decision of the Office of Scholarships & Financial Aid is final and may not be appealed.

Student 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.

