

Last Name _____

First Name _____

myUH ID _____

NOTE: If academic performance is below the required minimum, all scholarship funds are suspended. A student has the right to appeal and must complete this form and include: a personal statement, detailing a plan of action and explaining the request, and required documents as identified below. **All documents must be emailed to: scholarship-review@uh.edu.**

DEFERMENT: I want to place my scholarship on hold.

_____ 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

_____ I am taking a leave of absence due to COVID 19.

 REQUIRED DOCUMENT: personal statement explaining why leave of absence is neededSemester requesting COVID 19 leave of absence: Fall 2020 Spring 2021**PETITION: I am unable to meet full-time semester enrollment or annual credit hour requirements**

_____ I am registered with The Center for Students with Disabilities (CSD) and have approved accommodations that permit me to take fewer credit hours than required per semester.

 REQUIRED DOCUMENT: Official documents from CSD with specific, approved accommodations

_____ I am requesting to take fewer credit hours than required 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 credit hours than required for some other reason

 Fewer than 12 credit hours/semester I will not meet the 30/60/90 annual hour requirement REQUIRED DOCUMENT: personal statement and any supporting documentation regarding the situation**APPEAL: I am requesting to retain or reinstate my scholarship due to extenuating circumstances**

_____ Illness/injury of immediate family member

 REQUIRED DOCUMENT: letter from health professional, timeline of events

_____ Death of family member

 REQUIRED DOCUMENT: death certificate or obituary

_____ Personal injury or ongoing physical or mental illness

 REQUIRED DOCUMENT: letter from health professional, timeline of events

_____ Other: _____

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 if I enroll in fewer than 12 credit hours per semester, my scholarship will not credit to my account. 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 ____/____/____