

My CWID: \_\_\_\_\_ Student's First Name: \_\_\_\_\_ Last: \_\_\_\_\_



**Scholarship Standards of Progress Appeal Form**

Office of Financial Aid & Scholarships  
P.O. Box 3011, Commerce, TX 75429-3011  
Phone: (903)886-5096 Fax: (903)886-5098 Email: [Scholarships@TAMUC.edu](mailto:Scholarships@TAMUC.edu)

Academic Year 2018-2019	
Fall 2018 Deadline	August 27, 2018
Spring 2019 Deadline	January 14, 2019

**In accordance with A&M-Commerce University procedure you may appeal to Financial Aid and Scholarships, if you have special or extenuating circumstances.**

**STEP 1:** Please choose the Scholarship you are appealing from the drop down box: \_\_\_\_\_

**STEP 2:** Please indicate your reason for appeal: (Please check all that apply)

GPA      Completion of Hours      Extension of Time  
Is this your first scholarship appeal?      YES      NO  
If NO, when was your first appeal: \_\_\_\_\_

**STEP 3:** Please provide a brief personal statement below that includes the following:

1. A written description of the extenuating circumstance(s) – which must have occurred during the periods of poor academic performance.
2. An explanation of why the circumstance prevented you from making SAP
3. Supporting documentation for each extenuating circumstance cited
4. Specific explanation of what has changed in your situation that will allow you to meet the SAP requirements now

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**STEP 4:** Attach all supporting documentation. Common examples of special circumstances are listed below:

- **Medical:** 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 the nature and dates of the illness and injury in step 3 as well as providing a statement from a physician.
- **Death of an immediate family member:** Attach a photocopy of a death certificate, funeral program, or obituary; be sure to include the name and proof of relationship to you.
- **Divorce or other personal situations with spouse, family, or roommates that may affect academics.** Examples of documentation would be attorney's letter, divorce decree, restraining order, police report, letter from professional counselor or other correspondence with professionals involved in the situation.
- **Employment issues that may have affected academics.** Examples of documentation would be a statement from employer of change in employment/hours/shifts or payroll statements that can confirm change.
- **Previously undiagnosed medical conditions that affected academics.** Documentation could be a medical professional's letter or letter from Office of Disability Services.

**Please be sure to provide as much documentation as possible. Appeals without supporting documentation may be denied.**

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**STEP 5:** Student certification. Please read the statement below and sign and date this form.

- I hereby certify that all information contained in this appeal, including the personal statement and documentation, is true and complete to the best of my knowledge.
- I understand that if all the information requested above is not supplied, my request will be considered incomplete and will be denied.
- I understand that if my appeal is denied, I will be responsible for any outstanding charges on my account.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Number Of Appeals: \_\_\_\_\_ Entry Semester: \_\_\_\_\_ Transfer from: \_\_\_\_\_

Semester Hours Attempted: \_\_\_\_\_ Semester Hours Completed: \_\_\_\_\_ Semester GPA: \_\_\_\_\_

Cumulative Hours Attempted: \_\_\_\_\_ Cumulative Hours Completed: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Transfer Hours Attempted: \_\_\_\_\_ Transfer Hours Completed: \_\_\_\_\_ Transfer GPA: \_\_\_\_\_