



TRACKING CODE
ATHAPP

Athletic Scholarship Reduction/Cancellation Appeal Form

Office of Financial Aid & Scholarships

PO Box 3011, Commerce, TX Phone: 903-886-5096 Fax: 903-886-5098

FAO.Appeals@tamuc.edu

STUDENT'S NAME _____

CWID _____

YOUR CAMPUS EMAIL ADDRESS IS THE OFFICIAL MEANS OF COMMUNICATION FOR A&M-COMMERCE.
When complete send this form and supporting documentation where appropriate to FAO.Appeals@tamuc.edu

LIST SCHOLARSHIP(S) BEING APPEALED

SCHOLARSHIP/SPORT: _____

SCHOLARSHIP/SPORT: _____

IS THIS YOUR FIRST APPEAL? [] YES [] NO. IF NO, INDICATE DATE OF FIRST APPEAL: _____

TYPE OR PRINT. PLEASE DO NOT USE THE BACK OF THIS FORM. ATTACH ADDITIONAL INFORMATION IF NEEDED.

STUDENT'S SIGNATURE _____

DATE _____