Sam Houston State University
Financial Aid and Scholarships Office
MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

FINANCIAL AID APPEAL FOR REINSTATEMENT
☐ FALL 20___ ☐ SPRING 20___ ☐ SUMMER 20___

If you make any corrections, white outs, or alterations to any of your information on this form, you MUST initial next to it.

Student Name (blue or black ink only): ____________________________________________  SAM ID: ____________________________

Students who fail to maintain Satisfactory Academic Progress (SAP) due to a extenuating circumstance may submit a written appeal with supportive documentation after they have received official notification of denial.

HOW TO APPEAL: All appeal form requirements below must be fully completed.

1. Are you currently attending another college or university? ☐ YES (Do not submit your appeal at this time) ☐ NO
If yes, your appeal will not be reviewed until the completion of your most recent term with having your updated transcript on file with SHSU Admissions.

2. You must provide the following information:
   • A detailed explanation of your extenuating circumstance(s), either typed or legibly written, for all semesters that contributed to your inability to maintain SAP. This includes semesters attended at another university/college.
     • Explain why the circumstance prevented you from meeting SHSU’s SAP Policy
     • Explain what has changed in your situation that will allow you to meet the SAP requirements now
   • Supporting documentation for each extenuating circumstance cited and supporting documentation of the change in your situation

3. Please check and follow the instructions for each denial category in which you are appealing. More than one may be checked.

<table>
<thead>
<tr>
<th>Denial Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deficient Completion Rate and/or Deficient SHSU GPA</td>
<td>Medical: Serious illness or injury experienced by you or immediate family member (parent, spouse, sibling, child) which caused inability to attend or prepare for class for an extended period. Please provide an explanation of the nature and dates of the illness or injury. Supporting documentation required: physician’s statement, police report, etc.</td>
</tr>
<tr>
<td>Maximum Time Frame</td>
<td>You have exceeded the Maximum Time Frame of credits to obtain your degree: In writing, please explain the reason for your change of major which led to exceeding your credit limit, the estimated number of credits remaining to complete your degree, and your anticipated graduation date. An appeal for Maximum Time Frame will only be completed one time. Documentation not required. Graduate students must contact the graduate counselor to determine eligibility for appeal.</td>
</tr>
<tr>
<td>Academic Plan</td>
<td>You have not successfully completed a semester while being in Academic Plan: Please provide an explanation using the above extenuating circumstances as to why you did not complete the Academic Plan in which you were placed on for the previous semester.</td>
</tr>
<tr>
<td>Other</td>
<td>Hazlewood or Other Waiver/Exemption</td>
</tr>
</tbody>
</table>

Any student submitting an appeal will receive a written response to their SHSU Email Account within ten (10) business days of receiving documentation. If an additional appeal is desired, the student may request an appeal hearing to provide additional documentation to support his or her appeal. Any student who has been denied financial aid due to lack of SAP must be prepared to pay any account balance regardless of any pending appeal status. The Financial Aid & Scholarships Office will not recommend any extension of payment deadlines for these students.

APPEAL DEADLINE: 30 days after your official SAP denial notice has been sent to your SHSU Email Account.

Student Certification: All information on this form, the written appeal and supporting documentation is true and complete to the best of my knowledge. I certify that I have read the instructions and understand that submitting an appeal does not guarantee an approval.

Student Signature: ____________________________________________  Date: ____________________________

Return completed form to: Financial Aid and Scholarships Office
Box 2328, Huntsville TX 77341-2328 • Fax: 936.294.3668

RRAAREQ Codes: Fall – FAPP, Spring – SAPP, Summer – MAPP

Revised 09/25/2018