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 an 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*) ☐ NO  
   *Until the completion of your most recent term and transcripts are on file with SHSU Admissions.  

2. You must submit 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 is required for each extenuating circumstance cited and 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.  

| Deficient Completion Rate and/or Deficient SHSU GPA  
| Common examples of extenuating circumstances are:  
| 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.  
| ☐ Death of an immediate family member: Attach a photocopy of a death certificate, funeral program, or obituary. Must include dates, the name of the individual, and proof of relationship to you.  
| Significant trauma in the student’s life or unexpected events that impaired the student’s emotional or physical health or unexpected circumstances beyond the student’s control other than one of the above situations: Supporting documentation from a third party (physician, social worker, educator, psychiatrist, police, etc.) must be provided.  

| Maximum Time Frame  
| You have exceeded the Maximum Time Frame of credits to obtain your degree: In writing, please explain the following:  
| • Your change of major with previous and current degree sought;  
| • the estimated number of credits remaining to complete your degree, and  
| • your anticipated graduation date  
| Documentation not required. An appeal for Maximum Time Frame will only be completed one time.  
| Graduate students must contact the graduate counselor to determine eligibility for appeal.  
| ☐ Academic Plan  
| You have not successfully completed a semester while being on 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.  

DISCLOSURE: In accordance with Title IX federal and state regulations, we are required by law to report any claims of physical, mental, or verbal misconduct that has occurred. If your statement and/or mitigating circumstance meets any detail of these conditions, whether on or off campus, please note that this information will be reported; however, your information will be kept confidential.  

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  
Email: PDF from SHSU Email to fadocuments@shsu.edu  
Fax: 936.294.3668  
Mail: Box 2328, Huntsville TX 77341-2328  

RRAAREQ Codes: Fall – FAPP, Spring – SAPP, Summer – MAPP  
Revised: 10/8/2021