



UNDERGRADUATE SCHOLARSHIP APPEAL REQUEST TEXAS A&M INTERNATIONAL UNIVERSITY

Deadline: Fall 20 - Sept 8, 2020 and Spring 21 -February 3, 2021

INSTRUCTIONS: COMPLETE ALL SECTIONS AND C AND ATTACH REQUIRED DOCUMENTATION.

SECTION A: IDENTIFYING INFORMATION (MUST BE COMPLETED BY THE STUDENT. PLEASE PRINT CLEARLY.)

Last Name	First Name	MI	CWID#	Daytime Phone Number
Local Address	City	ST	Zip Code	E-mail Address

Please indicate what your request is for:

- I am submitting a request to appeal the full-time enrollment requirement and have submitted the required documents.
- I am submitting a request to appeal the TAMIU Scholarship renewal requirements and have submitted the required documents.

SECTION B: REASON FOR APPEAL

In accordance with Texas A&M International University procedure, I appeal the full-time enrollment requirement based on:

- This is my last semester and the hours needed for graduation are less than full-time. **Provide a copy of degree plan, graduation application and proof of payment.**
- The courses available for my degree program for this semester do not equal to full-time. **Provide copy of degree plan and letter from college degree advisor stating this fact and that there are no substitutions available as well.**

In accordance with Texas A&M International University procedure, I appeal my scholarship academic progress standing based on:

- The death of a relative: **Provide statement with details such as number of classes missed, relationship to you, and documentation for proof, etc.)**
- Injury or illness: **Provide statement with details such as number of classes missed, duration of illness, doctor's excuse, etc.**
- I had to repeat courses within the same academic year due to my degree program requirements; therefore, I did not earn the total hours required for scholarship. **Provide statement with details, and copy of degree plan and letter from college degree advisor stating this fact and that there were no substitutions available if applicable.**
- Other special circumstances: **Provide statement with full explanation of circumstances beyond your control that caused you to not successfully complete your academic requirements.**

SECTION C: REINSTATEMENT INFORMATION

Select semester you are appealing for (enter the YEAR)	List name of scholarship(s) (NOT Grants) this request is being submitted for:
Fall 20____ Spring 20 __	

RETURN THIS FORM TO: Office of Student Financial Aid, 5201 University Boulevard, ZSC Suite 214, Laredo, TX 78041 or fax to 956-326-2224.

SECTION D: CERTIFICATION AND SIGNATURE

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to submit additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Student's Signature	Date form was signed

FOR OFFICE USE ONLY

Fund Code	Decision <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Reason for Denial	Award Amount \$	Number of Semesters or Academic Years Left:
Staff Initials	Date	Notes: