

STUDENT INFORMATION

Student Name _____ **Banner ID +** _____

Phone _____ E-mail address _____@MiamiOH.edu

Local Address _____

Scholarships	Required GPA

If you had extenuating or unexpected circumstances which prevented you from achieving the required GPA for your scholarship, you may appeal the loss of your scholarship(s). Examples of extenuating and unexpected circumstances are:

- Serious illness or injury that prevented you from attending class and required extended recovery time
- Death or serious illness of an immediate family member
- Significant trauma in your life that impaired your emotional and/or physical health

Situations that are **not** valid reasons for appeal include:

- Poor academic performance due to homesickness
- Difficulty adjusting to the rigors of college or the new-found personal freedom of college life
- Dissatisfaction with the classes in which you enrolled or with a professor

To appeal the loss of your scholarship, submit this form along with a personal statement and supporting documentation to the Scholarship Appeal Committee in the Office of Student Financial Assistance. **Please note** that if you submitted a scholarship appeal in the past, you will need to submit a new personal statement with this appeal.

Your personal statement must include the following:

1. The circumstance(s) you experienced during the semester(s) of poor performance.
2. An explanation as to why it affected your ability to achieve the required cumulative grade point average.
3. How you plan to improve your performance during the 2014-2015 academic year.

IMPORTANT: Please **do not** submit any original document(s) to our office as we will be unable to return them. You will be notified of the results of your completed appeal by mail within two weeks of its receipt.

I am appealing the loss of the scholarship(s) listed above. **I certify that my appeal includes both of the following requirements:**

- ___ A personal statement explaining why I was unable to achieve the minimum cumulative grade point average and why I believe I can improve my academic record in 2014-2015.
- ___ Documentation from third parties (i.e. medical records, legal documents, etc.) which supports my claim of special circumstances. This documentation should not be from a family member or a friend.

I understand that the Office of Student Financial Assistance will not accept any incomplete appeals.

Student Signature _____ Date _____

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Cumulative Grade Point Average as of May 2014: _____

Prior appeal ___ no ___ yes approved (year(s) and fund(s) _____) ___ yes denied

___ Incomplete ___ Approved ___ Denied ___ Split Approved for _____ Denied for _____

Comments _____

___ RRAREQ - A/Z ___ RPAAWRD (if approved) ___ RZASAWD – *renew & elig* boxes (if approved) ___ RZACOMM

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