

Reason for Appeal

Documentation Required: Personal statement / letter from the student and supporting documentation, (see circumstances below)

(Check appropriate circumstance(s))

- Personal Illness or Injury Written statement from your physician or attending professional citing your illness or injury and its probable effect upon your academic performance. **Include date of onset and length of time of your illness or injury.**
- Death of Immediate Family Member Provide either an obituary, death certificate, or letter from a Professional (lawyer, doctor, minister) which states the **date of the death** and the individual's relationship to you.
- Other Unusual Circumstances Written documentation supporting your circumstances from an academic advisor, counselor, tutor, professor and/or Professional who is familiar with your circumstances. **Documentation must state the date(s) during which these circumstances occurred** and their probable effect on your academic performance.

<i>Student Signature</i> _____	<i>Date</i> _____
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Section II: (to be completed by Scholarship Committee)

Approved _____ Approved Conditionally _____ Denied _____ Deferred _____

Conditions: _____

Release: Fall/Spring _____ Fall Only _____ Spring Only _____ Summer _____

- | | |
|---|--|
| <input type="checkbox"/> Additional Course Work | <input type="checkbox"/> Medical (<input type="checkbox"/> Documentation) |
| <input type="checkbox"/> Committee Exception | <input type="checkbox"/> Professional Judgment |
| <input type="checkbox"/> Computer Error | <input type="checkbox"/> Residence Credit (Grad Students) |
| <input type="checkbox"/> Grade(s) Change/Late | <input type="checkbox"/> Other _____ |

Approved/Denial Signature _____ Date _____