



# Sam Houston State University

## Financial Aid and Scholarships Office

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

### FINANCIAL AID APPEAL FORM

*Please initial any corrections made on this form.*

Student Name (blue or black ink only): \_\_\_\_\_ SAM ID: \_\_\_\_\_

Please complete this appeal form and include supporting documents to appeal a loss of financial aid due to not meeting Satisfactory Academic Progress ([SAP](#)).

**Please complete the following:**

1. Select the semester you are appealing for:  FALL 20\_\_\_  SPRING 20\_\_\_  SUMMER 20\_\_\_
2. 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.
3. Please check and follow the instructions for each denial category in which you are appealing. More than one may be checked.

<input type="checkbox"/>	<p><b>Deficient Completion Rate, Deficient SHSU GPA, and/or Financial Aid Academic Plan</b>            Submit the following:</p> <ol style="list-style-type: none"> <li>1. An explanation of:               <ol style="list-style-type: none"> <li>a. your extenuating circumstance(s) for <b>all</b> semesters (including those attended at another university/college) that caused you to not meet SAP, along with <b>why</b> the circumstance prevented you from meeting the SAP completion rate, GPA, or Financial Aid Academic Plan, and</li> <li>b. what has changed in your situation that will allow you to meet SAP.</li> </ol> </li> <li>2. Supporting documentation for each extenuating circumstance.</li> </ol> <p><b>Extenuating circumstance examples:</b></p> <ul style="list-style-type: none"> <li>• <b>Serious illness/injury:</b> Please provide dates and an explanation of the illness/injury to you or an immediate family member (parent, spouse, sibling, child) which caused inability to attend or prepare for class for an extended time. Supporting documentation examples: notes or other documentation from doctors, a police report, etc.</li> <li>• <b>Death of an immediate family member:</b> Please provide dates, the name of the individual, and proof of relationship to you. Supporting documentation examples: photocopy of a death certificate, funeral program, obituary, etc.</li> <li>• <b>Significant trauma/unexpected events in your life that impaired your emotional/physical health:</b> Please provide dates and an explanation of the trauma or unexpected events. Supporting documentation examples: notes or other documentation from doctors, counselors, psychiatrists, etc.</li> <li>• <b>Other unexpected circumstances beyond your control:</b> Please provide dates and an explanation of the circumstances. Supporting documentation examples: notes or other documents from educators, social workers, police, etc.</li> </ul>
<input type="checkbox"/>	<p><b>Maximum Time Frame</b>            Submit a detailed statement explaining the following:</p> <ol style="list-style-type: none"> <li>1. your change of major with previous and current degree sought,</li> <li>2. the estimated number of credits remaining to complete your degree, and</li> <li>3. your anticipated graduation date.</li> </ol> <p><b>An appeal for Maximum Time Frame will only be completed one time.</b> If you are a graduate student, you must contact your graduate counselor to determine your eligibility for appeal.</p>

**NOTE: The Financial Aid & Scholarships Office Staff are all mandatory [Title IX reporters](#).**

4. Send this completed form and documents to the Financial Aid and Scholarships Office via your SHSU email ([fadocuments@shsu.edu](mailto:fadocuments@shsu.edu)) or mail (Box 2328, Huntsville, TX 77341-2328).

After you submit an appeal with documentation, you will get a decision to your SHSU email within ten (10) business days. If your appeal is approved, you will be placed on an Academic Plan. If your appeal is denied, you can provide more documents to help your appeal or you can ask your counselor for an appeal hearing. If you have lost financial aid due to lack of SAP, you must pay any account balance regardless of a pending appeal status. There will be no extension of payment deadlines.

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 [SAP Policy](#) 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](mailto:fadocuments@shsu.edu) • Fax: 936.294.3668 •**  
**Mail: Box 2328, Huntsville TX 77341-2328**