



PETITION FOR REINSTATEMENT

FALL 2007

SPRING 2008

Return completed form to:

Office of Student Financial Aid
Box 2328
Huntsville TX 77341-2328
936.294.1774 office
936.294.3668 fax

Student Name _____ SSN/SAM ID _____

Classification _____ Earned Hours _____ Anticipated Graduation Date _____

REASON FOR APPEAL:

DEFICIENT HOURS DEFICIENT GRADE POINT AVERAGE MAXIMUM TIME FRAME

As per Federal regulations, a student who is not making Reasonable Academic Progress can appeal to the Office of Student Financial Aid if the student falls under one or more of the following hardships:

- Death of an immediate family member of the student (parents, siblings, spouse, children);
An injury or illness of the student or immediately family member (parents, siblings, spouse, children);
Other unusual circumstances that prevented you, the student, from making reasonable academic progress.

APPEAL CATEGORIES ON 2ND PAGE

Note:

- Appeals based solely on financial and/or emotional needs without sufficient explanation or documentation will not be accepted.
Work is not considered a hardship since financial aid is viewed as a supplement to the students' income in order to help reduce the number of hours the average student would have to work in any given week.
It is the responsibility of the student to successfully complete all classes enrolled. Please remember that dropping a class failing a class, or withdrawing from a class is a personal decision made by the student.
If you do not meet one of the hardships above, you are not eligible for an appeal.

SUGGESTIONS ON WRITING YOUR APPEAL

- Submit your appeal as soon as possible.
A reason for appealing would be an extenuating circumstance under which you had no control and which you can document.
Your appeal should consist of two parts:
In Part I, clearly explain how the circumstances prevented you from meeting academic progress standards, indicating if the problem has been resolved.
In Part II, clearly explain how you will be able to meet progress standards in the future.
Provide relevant dates and supporting documents from appropriate third parties, such as academic advisors, instructors, doctors, counselors, clergy, etc.
Examples of documentation, which might be used to support the appeal include the following:
Copy of death certificate, newspaper obituary for immediate family member;
Medical documentation pertaining to the time period in question and indicating that the student was unable to perform normal school-related activities;
Relevant documentation from a counselor, therapist, minister, priest, or social worker relating to emotional or family difficulties, which affected the students' performance.
Police reports of incidents in which the student was the victim, of a crime.

For office use only: Approved Rejected Reason: _____

Financial Aid Officer: _____ Date: _____

APPEAL CATEGORIES

Mark the box that represents the reason for your appeal. Read and FOLLOW the instructions. ATTACH copies of supporting documentation, statements, or letters to your appeal.

- DEATH OF AN IMMEDIATE FAMILY MEMBER
ILLNESSES OR INJURY
MAXIMUM SEMESTERS/HOURS REACHED
EXTENUATING CIRCUMSTANCES

The Office of Student Financial Aid RAP Committee will rule on the appeal. Any student submitting an appeal will receive a written response within ten (10) working days of the documentation arrival.

Appeal Deadline: 30 days after official RAP denial notice sent to your SHSU e-mail account

All of the information on this form and in the written appeal is true and complete to the best of my knowledge. I certify that I have read the instructions and understand that submitting an appeal along with supporting documentation does not guarantee an approval.

Signature

Date

As per HB 1922 (Subtitle A, Title 5, Government Code, Chapter 559) it is the policy of the state that an individual is entitled on request, to receive, review and/or correct any information about the individual, which has been submitted to SHSU, with few exceptions.