



TEXAS GRANT APPEAL REQUEST

This form may only be completed by previous TEXAS Grant recipients.

DEADLINE for Fall and Spring Requests: Prior to the 12th class day of the semester.

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

Last Name	First Name	UID#	Phone Number	E-mail Address

Please indicate what your request is for:

- _____ I am submitting a request to appeal the **enrollment requirement** and have submitted the required documents as listed *under Section B or Section C*.
- _____ I am submitting a request to appeal the **TEXAS Grant Renewal requirements** and have submitted the required documents as listed *under Section C*.

SECTION B: APPEAL FOR ENROLLMENT REQUIREMENT DUE TO GRADUATION

In accordance with Tarleton State University and Texas Higher Education Coordinating Board procedure, I appeal the enrollment requirement based on:

- This is my last semester and the hours needed for graduation are at least half-time. *I am including a copy of my degree plan and graduation application.*

SECTION C: APPEAL FOR REINSTATEMENT

In accordance with Tarleton State University and Texas Higher Education Coordinating Board procedure, I appeal my TEXAS Grant academic progress standing or why my enrollment is less than 9 hours but at least half-time based on:

- The death of a relative: (Please give details in your letter such as number of classes missed, relationship to you, documentation for proof, etc.)
- Injury or illness: (Please give details in your letter 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 24 hours. I am including a copy of my degree plan and letter from my college degree advisor stating this fact and that there were no substitutions available if applicable.
- Military Service: (Please give details and provide documentation for proof.)
- Other special circumstances: (Explain fully those circumstances beyond your control that caused you to not successfully complete your academic requirements and submit as much documentation for proof from other sources.)

Note: For a hardship request, complete this form and attach a typed, SIGNED personal statement explaining why you did not meet the eligibility requirements and necessary documentation to support your reason(s) for the request. Submitting an appeal does not guarantee any adjustments can or will be made.

SECTION D: REINSTATEMENT INFORMATION (PLEASE PRINT CLEARLY.)

Semester you are appealing for (enter the YEAR.)	SUBMIT THIS FORM BEFORE THE DEADLINE ABOVE TO:
Fall 20____ Spring 20__	Office of Financial Aid by email at finaid@tarleton.edu or fax to 254-968-9600

SECTION E: 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

Prior hardship request: Y N	Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
FA Staff Initials:	Award Amount \$ Number of Semesters or Academic Years Left:
Reason for Denial:	Date Approval Notes:

Received By: _____ Received Date: _____

Updated on: 7/8/21
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