

2025-2026 SCHOLARSHIP APPEAL

Student Name (please print) _____

Campus ID Number _____

Phone Number (including area code) _____

Semester for which aid reinstatement is requested _____

A fully completed appeal, including the signed form, detailed letter of explanation, and supporting documentation, must be submitted 30 days prior to the end of the semester in which you experienced non-renewal of your scholarship

Are you currently on Satisfactory Academic Progress Suspension or Probation? Yes ☐ No ☐

(If on SAP Suspension, please complete the 2025-26 Satisfactory Academic Progress Appeal which includes reinstatement of scholarships if approved)

Please complete this form to appeal the loss of your scholarship and provide documentation of your special or extenuating circumstances which may include: physician statements or statements of diagnosis, death certificate, obituary notices, email from your professor or tutor, tutoring center documentation of assistance sought, etc.

Please Note: A copy of your Academic History is not considered documentation. (Mitigating circumstances do not include college adjustment, problems with roommates, difficult course load, misunderstanding of scholarship requirements, etc.)

Appeals regarding the on-campus living requirement for merit scholarships should be directed to Residence Life by emailing: reslife@cmich.edu.

Please check the appropriate Scholarship boxes below:

Scholarship(s)	Maroon & Gold Merit Scholarship	_____ Other Scholarship(s)
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Will you be enrolled less than full-time due to meeting graduation/program requirements (applied for graduation) within the current academic year? ☐ Yes ☐ No If no, skip to signature and date below.

Semester Graduating: _____


Number of credits enrolled: _____

Appeals for Centralis, Multicultural, or Leadership Scholarships must be directed to each corresponding office.

Include all of the following with your appeal:

- ☐ Detailed explanation letter of your extenuating circumstances preventing you from meeting the minimum GPA or credit hour requirement. Please also include what actions you have taken to correct the situation.
- ☐ Supporting documentation as described above (i.e. physician's statement, tutor logs, etc.)

Certification and Signature

 **SIGNATURE REQUIRED:** I certify that the information I have provided on this form and on all documents is true and complete to the best of my knowledge. I certify that the Office of Scholarships and Financial Aid will be notified if circumstances change.

Student Signature (Handwritten Required **OR ELECTRONIC SIGNATURE USING GLOBAL ID**) _____

_____ Date