

## SCHOLARSHIP APPEAL

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Campus ID Number

\_\_\_\_\_  
Phone Number (including area code)

\_\_\_\_\_  
Semester for which aid reinstatement is requested

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 circumstance does not include college adjustment, problems with roommates, difficult course load, misunderstanding of scholarship requirements, etc.)

**Please Note:** Appeals regarding on-campus living requirement of merit scholarships should be directed to Residence Life by emailing: [reslife@cmich.edu](mailto:reslife@cmich.edu).


**Please check the appropriate boxes below:**

<b>Scholarship</b>	<input type="checkbox"/> Multicultural Scholarship	<input type="checkbox"/> _____ Scholarship	
<b>Reason for Non-Renewal of Scholarship</b>	<input type="checkbox"/> Below Required GPA	<input type="checkbox"/> Below Required Credit Hours	<input type="checkbox"/> Withdrawal from Classes
<b>Reason for Appeal</b>	<input type="checkbox"/> Personal Illness	<input type="checkbox"/> Family Illness/Death	<input type="checkbox"/> Other

**Include all of the following with your appeal:**

- Scholarship Appeal Form
- 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

\_\_\_\_\_  
Date