Students may use this form to request a re-evaluation of the termination of their financial aid. Submit your completed appeal request and supporting documentation verifying extenuating circumstance to the Office of Student Financial Assistance for review by the Financial Aid Appeals Committee. Please allow 2-3 weeks for processing.

Name

Student ID

Telephone Number

APPLICANT SECTION:

Briefly explain what circumstances have led to your inability to maintain satisfactory academic progress (i.e. death of immediate family member, injury or illness of applicant or immediate family member, etc.). Be sure to attach supporting documentation (i.e. signed letter from healthcare professional, death certificate, police reports, or other documentation).

What adjustments have you made that will help resolve the issues listed above and will allow you to meet the standards of Satisfactory Academic Progress?

I certify that all the information is accurate and complete. I understand that I must submit supporting documentation with this appeal or it will be automatically denied. I understand that the Advisor section must be completed prior to turning in my appeal request. I understand that even if this waiver is granted, it may not be in time for financial aid to pay for my classes. Consequently, I must make other payment arrangements for my tuition and fees for the current semester.

Student Signature

Date
**ACADEMIC ADVISOR SECTION:**

<table>
<thead>
<tr>
<th>Advisor Name</th>
<th>College</th>
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Is the student making reasonable progress towards completing his/her degree requirements?

Has the student been placed on a degree plan and/or been provided with any additional advice regarding the successful completion of degree requirements?

How many hours are required for the student’s field of study? ________________________________

How many hours remain before the student can receive his/her degree? _________________________

______________________________  ______________________________
Advisor Signature               Date

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*Mail the completed application to:*
Texas A&M University-Corpus Christi  
Office of Student Financial Assistance  
6300 Ocean Drive, Unit 5772  
Corpus Christi TX 78412-5772  
361-825-6095 FAX