

FLORIDA STUDENT ASSISTANCE GRANT RENEWAL/APPEAL FORM 2009-2010

Last Name _____	First Name _____
Date _____	PID _____
Daytime Phone # _____	E-mail _____
Major _____	Expected Graduation Date _____

This form is for students who received an FSAG award at UCF during 2008-2009 and failed to meet renewal criteria, such as completed hours and/or minimum GPA, at the end of spring 08. Do not complete this form if you did not receive an FSAG award at UCF during 2008-2009.

FSAG Renewal Reason: Medical Emergency Late Grades Posted

In addition to your appeal form, you must include the following:

1. Your letter describing the circumstance and its impact on your academic performance.
2. Documentation that supports your appeal such as medical documentation, divorce decree, death certificate, letters from doctors, counselors, parents, etc.
3. Students seeking a grades hours update (**i.e. grade change, transient/dual hours**) should submit official transcripts to the Registrar's Office prior to submitting this form.

(NOTE: This appeal will not be reviewed by the committee if the above items are not attached to this form.)

Explain in detail your situation:

Student's Signature _____ Date _____

OFFICE USE ONLY

Comments:

Pending: _____

Committee Decision Date: _____

Approved: Denied: