

FLORIDA STUDENT ASSISTANCE GRANT RENEWAL APPEAL FORM

Last Name _____	First Name _____
E-mail _____	UCFID _____
Daytime Phone # _____	

This form is for students who received an FSAG award at UCF during 2015-2016 and failed to meet renewal criteria, such as completed hours and/or minimum GPA, at the end of spring 2016.

Do not complete this form if you did not receive an FSAG award at UCF during 2015-2016.

FSAG Renewal Reason: Medical Emergency

Degree Program requires more than 120 hours

Degree Program: _____

Late Grades Posted / Grade Change: Course (s) _____

Hours taken at another institution: _____ Fall 2015 _____ Spring 2016 _____

Name of Institution

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 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.

Student's Signature: _____ **Date** _____

<u>OFFICE USE ONLY</u>	UCF	Transient	Total	<i>Committee Decision Date:</i> _____
<i>Fall 2015:</i>				<i>Approved:</i> <input type="checkbox"/> <i>Denied:</i> <input type="checkbox"/> <i>Tabled:</i> <input type="checkbox"/>
<i>Spring 2016:</i>				<i>Comments:</i>
<i>Total hours:</i>				_____
<i>Overall GPA at the end of Spring:</i>				_____
<i>Checklist:</i> <input type="checkbox"/>	<i>Communication Sent:</i> <input type="checkbox"/>	<i>Review User Edit:</i> <input type="checkbox"/>	<i>Decision sent to State (if applicable):</i> <input type="checkbox"/>	
<i>Award:</i> <input type="checkbox"/>	<i>Report to the State:</i> <input type="checkbox"/>			