

**FLORIDA STUDENT ASSISTANCE GRANT
RENEWAL APPEAL FORM****2017-2018**

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

This form is for students who:

- 1) Received an FSAG award at UCF during 2016-2017 and failed to meet renewal criteria, such as completing the required hours and/or minimum GPA, at the end of Spring 2017.
- 2) Not eligible for FSAG due exceeding 132 attempted hours.

Please indicate which situation listed below pertains to this request for re-evaluation:

- Late Grades Posted / Study Abroad / Grade Change: Course(s) _____ Term: _____
- Hours taken at another institution: _____ Fall 2016 _____ Spring 2017 _____
Name of Institution
- No longer eligible for FSAG due to exceeding 132 attempted hours, but is enrolled in a degree program that requires more than 120 hours. ****Please note: Excess in attempted hours due to a change in major or multiple degrees does not qualify the student for additional hours of eligibility.**
 Degree Program: _____
- Appeal: Medical Emergency

If you are requesting an appeal, 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.

NOTE: This appeal will not be reviewed by the committee if the above items are not attached to this form.**Student's Signature:** _____ **Date** _____

<i>OFFICE USE ONLY</i>	UCF	Transient	Total
<i>Fall 2016:</i>			
<i>Spring 2017:</i>			
<i>Total hours:</i>			
<i>Overall GPA at the end of Spring:</i>			

Committee Decision Date: _____Approved: Denied: Tabled: ***Comments:***

Decision sent to State (if applicable): Checklist: Communication Sent: Review User Edit: Award: Report to the State: