



Academic Scholarship Appeal/Petition Form

Last Name

First Name

myUH ID

NOTE: If academic performance is below the required minimum, all scholarship funds are suspended. A student has the right to appeal and must complete this form and include: a personal statement, detailing a plan of action and explaining the request, and required documents as identified below. All documents must be emailed to: scholarship-review@uh.edu.

DEFERMENT: I want to place my scholarship on hold.

- I am participating in an internship or co-op and will not enroll in classes for one semester
 REQUIRED DOCUMENT: official internship/co-op offer letter
- I am participating in a study abroad program and will not enroll in classes for one semester
 REQUIRED DOCUMENT: study abroad program information sheet and schedule
- I am taking a medical leave of absence and will not enroll in classes
 REQUIRED DOCUMENT: letter from health professional stating reason for leave of absence
- I am taking a leave of absence due to COVID 19.
 REQUIRED DOCUMENT: personal statement explaining why leave of absence is needed

Semester requesting COVID 19 leave of absence: Fall 20____ Spring 20____

PETITION: I am unable to meet full-time semester enrollment or annual credit hour requirements

- I am registered with The Center for Students with Disabilities (CSD) and have approved accommodations that permit me to take fewer credit hours than required per semester
 REQUIRED DOCUMENT: Official documents from CSD with specific, approved accommodations
- I am requesting to take fewer credit hours than required in my final semester before graduation
 REQUIRED DOCUMENT: Applied for graduation or a letter from advisor stating you will be graduating
- I am requesting to take fewer credit hours than required for some other reason
 Fewer than 12 credit hours/semester I will not meet the 30/60/90 annual hour requirement
 REQUIRED DOCUMENT: personal statement and any supporting documentation regarding the situation

APPEAL: I am requesting to retain or reinstate my scholarship due to extenuating circumstances

- Illness/injury of immediate family member
 REQUIRED DOCUMENT: letter from health professional, timeline of events
- Death of family member
 REQUIRED DOCUMENT: death certificate or obituary
- Personal injury or ongoing physical or mental illness
 REQUIRED DOCUMENT: letter from health professional, timeline of events
- Other: _____

Certification Statement: By signing this form, I acknowledge that deferments, petitions and appeals are decided on a case-by-case basis by the University Student Financial Support Committee. I understand that it is my responsibility to know the requirements of my scholarship. I understand that if I enroll in fewer than 12 credit hours per semester, my scholarship will not credit to my account. I understand that the submission of this form does not constitute approval of my request. Any fees I may owe the university are due on the date specified regardless of the status of my appeal.

Student Signature _____

Date _____

Submit this form, personal statement and supporting documents to scholarship-review@uh.edu