



ACADEMIC PROGRESS APPEAL FORM
TO REINSTATE ELIGIBILITY
FOR 2011-2012*

Office of Financial Assistance Services • P.O. Box 248187, Coral Gables FL, 33124
Phone: (305) 284-5212 • Fax (305) 284-4082

Name: _____ Date: _____

C. #: _____

Address: _____

Phone: (_____) _____ Alternate Phone: (_____) _____

Email: _____

Expected graduation date: _____ Cumulative GPA: _____

Degree (check one): Bachelor Master's Doctorate

Credits completed in summer 2010 (for FRAG & FSAG appeal only)

Summer 1: _____ Summer 2: _____

Credits enrolled in summer 2011 (for University Scholarships & Bright Futures appeal only)

Summer 1: _____ Summer 2: _____

(Note: You must make sure to transfer your Summer 2011 credits taken at another institution and contact our office once they appear on myUM.)

I request reinstatement of: State of Florida University Scholarship Federal aid: Summer(10-11) or Fall*

In an attached signed letter, you must explain the circumstances responsible for your failure to meet the academic progress requirements. All dependent students must include a signed parent letter detailing your special circumstance. **You must provide documentation with this letter to support your appeal.** Failure to do so will result in your appeal being denied until such documentation is received. Please indicate which of the following situations applies to you. The appropriate supporting documentation as listed below should be included along with your letter:

- Mitigating circumstances; including but not limited to, the student's medical condition, hospitalization, documented emotional distress, or other situations beyond the student's control. Doctor's statement explaining illness/accident and length of treatment. In addition **dependent students must** also include a signed parent letter explaining how this situation affected their academic performance. Any diagnostic medical records must be accompanied by a letter from the Doctor.
- Death in your immediate family (parent, grandparent, sibling). In most cases, close friends and distant relatives are not considered. A copy of death certificate, obituary, and proof of relationship must be submitted. In addition **dependent students must** also include a signed parent letter explaining how this situation affected their academic performance.
- Incomplete grades; Signed letter explaining reasons for incompletes ("I"s) and anticipated completion dates _____ of the "I"s.
- Grade change; Signed, detailed letter from faculty granting you a grade change or explaining an administrative error.
- Other: _____

The Financial Aid Office does not assume responsibility for obtaining documentation from any other University of Miami office. Submit this form and all supporting documents to the Office of Financial Assistance Services at the address above within **30 days** of notification. **Late appeals will not be accepted.** Failure to provide the necessary supporting documents on time can result in the total loss of your financial aid for the entire academic year. If you need any further assistance, please contact us at (305) 284-5212, or visit our office in Rhodes House, Building 37.