

Award Reconsideration Form (Appeal Form)

Instructions:

You may type the required information and then print and complete all items thoroughly, and fax to (305) 9195758 by the designated deadline. If you need to submit any supporting documentation, then you should fax your entire package or deliver it in person. Thank you!

Name:

Student ID#

I. I am requesting reinstatement of my award eligibility for

Briefly explain the following:

**What affected your performance/noncompliance this past semester?
(Max 200 Characters)**

**State specific strategies you will use to improve your current standing.
(Max 200 Characters)**

**Why do you feel you deserve to be reconsidered for an award?
(Max 200 Characters)**

II. I am NOT requesting reinstatement of my award eligibility for:

I understand that I will be automatically reinstated for the next qualifying semester upon compliance with all program requirements/recommendations.

**III. Please use this section for any additional comments/documentation to support your request:
(Max 200 Characters)**

Signature: _____ Date: _____

FOR OFFICE USE ONLY

ACCEPTED **1** **2** **3**

COMMENTS:
