



FLORIDA ATLANTIC UNIVERSITY
Office of Student Financial Aid

SCHOLARSHIP REINSTATEMENT /APPEAL

ACADEMIC YEAR: _____

SCHOLARSHIP: _____

NAME: _____ SSN: XXX – XX – _____ FAU Z#: _____
(Please Print)

ADDRESS: _____

(CITY, STATE, ZIP)

PHONE # (_____) _____ FAU E-MAIL: _____

INSTRUCTIONS:

1. All students must read, complete and sign this form.
2. Attach documentation and updated academic transcript to support your appeal.
3. **INCOMPLETE INFORMATION OR DOCUMENTATION WILL DELAY PROCESSING!**

DESCRIPTION OF CIRCUMSTANCES

- _____ **Personal injury, illness or physical disability**
- _____ **Death/illness of immediate family member**
- _____ **Emergency**
- _____ **GPA or hours completed not accurate/changed**
- _____ **Other**

Please explain the mitigating circumstances that you feel affected your academic progress, or any circumstances that affected fulfilling scholarship requirements.

NOTE: ATTACH DOCUMENTATION AND UPDATED ACADEMIC TRANSCRIPT TO SUPPORT YOUR APPEAL.

Student's Signature _____ Date _____