USU SCHOLARSHIP APPEAL FORM S-APPEAL

Student Name	Student Number:	A

USU
E-mail address _____

The determination of your appeal will be emailed to your USU address.

Phone Number _____ Date _____

This appeal is for the following reason:

- ❑ I am below the required number of credits
- ❑ I am below the required GPA.
- ❑ I want to reinstate a cancelled scholarship.
- ❑ I want to submit a late scholarship application.
- ❑ Other _____

Please explain the circumstances related to this appeal. Use additional paper if necessary, and attach documentation.

FOR OFFICE USE ONLY

Petition action by committee: Approved ☐ Rejected ☐ Further Information Required ☐

Comments

Committee Signatures: _____ Date: _____