



2017-18 Scholarship Appeal

STUDENT INFORMATION

Student Name _____ AU Student ID _____

Daytime Phone _____ AU Email Address _____

Your Aurora University scholarship will be reduced or removed. Submit this form to accept or appeal the decision:

I ACCEPT THE REDUCED (OR REMOVED) SCHOLARSHIP

I CHOOSE TO APPEAL THIS DECISION FOR THE SELECTED SEMESTER(S):

FALL 2017

SPRING 2018

Submit an attached statement to appeal. Follow the outline below.

1. Write clearly and concisely.
2. Double-check for typos and grammatical errors.
3. Include answers to the questions below:
 - a. What were the specific factors that contributed to your academic difficulties?
i.e. personal or family health emergency or another extenuating situation (provide any available documentation)
 - b. What has changed in your situation that will now allow you to be academically successful?
 - c. If your scholarship is reinstated, what specific steps would you take to assure the university that these issues will not occur again?
i.e. reduce work hours, adjust athletic, club, or organizational involvement, increase study time, improve study and/or life habits, obtain professional support as necessary

CERTIFICATION:

To the best of my knowledge, all of the information provided with this form is true and complete. If asked by the Satisfactory Academic Progress Committee, I agree to provide additional proof of the information submitted in my appeal.

Student Signature

Date

For Office Use Only:

Comments: _____

____ Approved for the year ____ Approved Term-By-Term (Term GPA _____)

____ Re-evaluate after summer grades submitted ____ Denied; will receive _____

Signature: _____ Date: _____