2017-18 APPEAL FORM
Xavier University Merit Scholarship

APPEAL DATE: ____________________________________________

Student Name: __________________________________________
Xavier ID: ____________________________________________

Email: ____________________________________________
Current Class Level: ____________________________________

Current Degree Program: ____________________________________________

In order to continue to renew your Xavier University merit scholarship you must be achieving the Cumulative Grade Point Average (CGPA) required for your particular scholarship. If you have forfeited your merit scholarship as a result of falling below the minimum required CGPA, you may submit an appeal with all the necessary documentation listed below.

Your appeal should include all of the following:

1) The name of the forfeited merit scholarship and the award amount.

2) An attached statement describing the specific circumstances that prohibited you from achieving the Cumulative Grade Point Average necessary to retain your Xavier University merit scholarship. Specific dates of the events (in cases of illness, accidents, etc.) should be included.
Acceptable circumstances include a documented illness, documented learning disability, death of a family member, documented change in financial situation or conditions of employment, or other extraordinary emergency circumstances.

   a. Documentation to support all extenuating and/or unusual circumstances (e.g. letter from doctor or medical billing statement as proof of illness or disability, employment termination notice, etc). Please list attached documents:

   ____________________________________________
   ____________________________________________
   ____________________________________________

3) Your appeal MUST indicate what has changed with the above stated circumstances that will allow you to meet the required CGPA at the next evaluation. For example, your statement should specify steps you have taken to ensure improved academic performance.

   Over the last year, have you used the Learning Assistance Center or any other academic support services offered by Xavier: SSS/Trio, math lab, writing lab, supplemental instruction?   Yes______ No______ N/A______
   If yes, indicate which service(s) and how often: ____________________________________________
   ____________________________________________
   ____________________________________________

Certification Statement: All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, I agree to give proof of the information I have provided on this form.

Student Signature: ___________________________ Date: ___________________________

Return your completed form to:
Mail: Satisfactory Academic Progress [SAP] Committee
      Office of Student Financial Assistance, Xavier University, Schott Hall – First Floor
      3800 Victory Parkway, Cincinnati, OH 45207-5111
Fax: 513-745-2806  Phone: 513-745-3142
Email: Send scan of completed form to xufinaid@xavier.edu