



# FLORIDA STUDENT ASSISTANCE GRANT RENEWAL APPEAL FORM

Last Name _____	First Name _____
E-mail _____	UCFID _____
Daytime Phone # _____	

**This form is for students who:**

- 1) Received an FSAG award at UCF during 2019-20 and failed to meet renewal criteria, such a completing the required hours and/or minimum GPA, at the end of Spring 2020.
- 2) Not eligible for FSAG due exceeding 132 attempted hours.

**Please indicate which situation listed below pertains to this request for re-evaluation:**

- Late Grades Posted / Study Abroad / Grade Change: Course(s) \_\_\_\_\_ Term: \_\_\_\_\_
- Hours taken at another institution: \_\_\_\_\_ Fall 2019\_\_\_\_ Spring 2020\_\_\_\_  
Name of Institution
- No longer eligible for FSAG due to exceeding 132 attempted hours, but is enrolled in a degree program that requires more than 120 hours. **\*\*Please note: Excess in attempted hours due to a change in major or multiple degrees does not qualify the student for additional hours of eligibility.**  
Degree Program: \_\_\_\_\_
- Appeal:     Medical     Emergency

**If you are requesting an appeal, you must include the following:**

1. Your letter describing the circumstance and its impact on your academic performance.
2. Documentation that supports your appeal such as medical documentation, divorce decree, death certificate, letters from doctors, counselors, parents, etc.

**NOTE:** This appeal will not be reviewed by the committee if the above items are not attached to this form.

**Student's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

<b><i>OFFICE USE ONLY</i></b>	UCF	Transient	Total
<i>Fall 2019:</i>			
<i>Spring 2020:</i>			
<i>Total hours:</i>			
<i>Overall GPA at the end of Spring:</i>			

*Committee Decision Date:* \_\_\_\_\_

Approved:     Denied:     Tabled:

**Comments:**  
\_\_\_\_\_  
\_\_\_\_\_

Checklist:  Communication Sent:  Review User Edit:

Award:  Report to the State:

Decision sent to State (if applicable):