



## 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.

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

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_