Date Ready for review:

(All documentation received from student)

Student Accounting & University Cashiering Services

A green light to greatness:

Decision Date: _

Approved

Denied

SB 1210 Exemption/Waiver Appeal Request

	LAST NAME	FIRST NAME	UNT ID#
waivers n Undergra Hours sta	nust meet Financial Aid's Satisfactory aduates and 3.0 for Post-Baccalaureates	Academic Progress (SAP) requirement of and Graduates and be registered for Se	ecipients of Texas state exemptions and/or of a grade point average (GPA) of 2.0 for elective Service. Also, if you are in Excess eps below in order to request an appeal to
STEP 1:	Check the appropriate box(es) below	that best describes the situation for which	ch you are seeking an appeal
STEP 2:	provide a personal letter with your ow	tter must also indicate what actions or st	ith appropriate reference to specific dates
	dent's ability to meet minimum GPA req		ediate family member that hindered the tatements, letter from healthcare provider,
	death of a relative or close friend. Supporting documentation such as: de	eath/birth certificates, letter from other pance letter, medical professional reference	
cred	dit hours, changes in the requirements f sonal situations.		
	STU	DENT CERTIFICATION STATEMENT	
✓ ✓	arrangements by the tuition deadline s I understand if my appeal is:	ormation listed above and that I understa	emester status ive payment arrangements. I cannot in my waiver/exemption eligibility I must
✓	exemption and/or waiver appeal will be I hereby certify that all information con complete to the best of my knowledge		onal letter and documentation, is true and
Student's Signature: Date:			
		documentation to: Student Accounting, 140) 565-3877 or save & attach as PDF & OFFICE USE ONLY	