

Waiver Appeal

Overview

Waiver recipients who do not meet the Satisfactory Academic Progress (SAP) GPA requirements for financial aid eligibility or the Excessive Hours State Law and feel there are extenuating circumstances may appeal to have their waiver eligibility reinstated using this Waiver Appeal. See [Texas Education Code § 54.2001](#).

- Review the [Satisfactory Academic Progress \(SAP\) Policy](#) and the [Excessive Hours State Law](#).
- Complete this Waiver Appeal and provide supporting documentation of extenuating circumstances (i.e., doctor's statement, copy of death certificate, et cetera) by the [deadline](#).
- Submit these materials to Student Accounts in person at University Administration Building, Room 130, 701 S. Nedderman Drive, Arlington, TX 76019, fax to 817-272-2333, or email to studentfinancials@uta.edu.

Student Details

Name _____ Student ID _____

Email _____ Phone _____

Term Requested for Waiver Appeal _____ Date _____

Required Explanations

I experienced extenuating circumstances and appeal to have my waiver eligibility reinstated.

▶ *Describe the extenuating circumstances to explain why the requirements were not met. Remember to provide supporting documentation.*

These changes should allow me to meet the [SAP Policy](#) and the [Excessive Hours State Law](#) in future terms.

▶ *Describe changes in your situation that will enable you to meet the requirements going forward.*

Attestation

I read the [SAP Policy](#) and the [Excessive Hours State Law](#) and accept responsibility to understand this information and take action to meet the standards.

I provided the required explanations showing the reason I fell below the standards and what has changed in my situation to meet the requirements in future terms.

I understand I must submit the Waiver Appeal and documentation by the deadline or it will be denied.

I understand that the information I provided on this Waiver Appeal, the supporting documentation, and the information provided by me and in any interviews related to this process are for the sole purpose of making a decision to approve or deny this or any subsequent Waiver Appeal.

I understand this Waiver Appeal applies to the current term and must be resubmitted each term if I do not meet the requirements.

I understand that all decisions made by the Waiver Appeal Committee are final.

Signature _____

Date _____