2014-2015 Scholarship Appeal Form

Student Name: _____ **RU ID Number:** _____

Students are required to maintain continuous full time enrollment (fall and spring terms) and good academic standing (2.0 cumulative GPA). This form allows students who have had their scholarship(s) revoked, due to not meeting the requirements the opportunity to request a review of their scholarship eligibility based on special or unusual circumstances.

You may be eligible to submit a scholarship appeal if you that you have experienced significant, extenuating circumstances beyond your control which resulted in the loss of a scholarship. Please check one of the following situations below as it pertain to your circumstances.

- Enrollment Restriction:
  - ☐ You have a restriction that requires you to be enrolled less than full time for the current term.
  - ☐ This is your last term (will be graduating) and full time enrollment is not required to complete your degree
    - Please understand that if you discover that an additional term(s) of enrollment will be required after applying for graduation your scholarships may not be eligible for renewal
- Approved Study Abroad program:
  - ☐ You have had your study abroad programming approved by the Office of International Programs and Study Abroad, which has prevented you from maintaining continuous full time enrollment at Roosevelt University.
- Medical:
  - ☐ A documented physical disability and/or mental illness
    - A statement from a member of Roosevelt Office of Disability Services or doctor's statement must be submitted which indicates the illness significantly hindered your ability to attend class or fulfill full time academic obligations.
- Compassionate – (Extraordinary personal circumstances beyond your control that prevented you from continuing classes may be considered).
  - ☐ Compassionate care:
    - The care of an ill immediate family member; credible documentation should accompany the appeal.
  - ☐ Death:
    - A death in the immediate family, an extended family member or friend will be considered if you explain and document why that death was exceptionally distressing.
  - ☐ Victim of crime and/or abuse:
    - Explain how the crime and/or abuse significantly impacted your ability to attend classes or fulfill your academic obligations. Credible documentation, should accompany the appeal. (i.e. a copy of a police report) Medical:
- Other:
  - ☐ _____

NOTE: If you experienced other challenges during the semester, such as difficulty with classes, time management, work or family responsibilities or other co-curricular commitments, be aware that these issues may not be considered extenuating circumstances. In these cases, consult your academic advisor and utilize Roosevelt University resources to ensure that you receive the guidance and assistance necessary to remain on track to graduate.

PLEASE PROVIDE A STATEMENT BELOW OF YOUR CIRCUMSTANCE (attach letter if more space is needed) AND ATTACH ALL RELEVANT DOCUMENTATION:

_____

_____

_____ _____

Student's Signature Date

Submit this worksheet by email to finaidforms@roosevelt.edu **or by fax: (312) 341-3545**

Print

Reset Form