



Student Name (Last, First)	myZou Student ID <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								

Scholarship Appeal
(Diversity, Brooks, Suggs, or Transition Scholarship)

Submit this appeal form, along with the required items listed below (incomplete appeals *will not* be reviewed) to the Student Financial Aid office in 11 Jesse Hall. **Appeals must be completed and submitted by October 1 of the academic year you are appealing for (e.g. Appeals for Fall 2017 and Spring 2018 must be submitted by October 1, 2017).** If approved, the aid added to your account may result in other aid being reduced due to institutional, state, and federal regulations. **Scholarship appeals will not be reviewed if you have a Satisfactory Academic Progress (SAP) hold. The SAP appeal must be submitted prior to scholarship appeal submission.**

1. **IF YOU HAVE FEWER THAN 90 COMPLETED HOURS:**
Submit with this form a copy of your two-semester academic plan (attached)

IF YOU HAVE 90 COMPLETED HOURS OR MORE:
Submit with this form a copy of your degree completion plan (attached)

2. **HAVE YOUR ACADEMIC ADVISOR COMPLETE THE FOLLOWING QUESTIONS:**
Do you recommend the student takes one of these courses? (Please mark one)
SSC 1150 _____ SSC 1151 _____ SSC 2100 _____ None _____

If you do recommend one of the courses above, have you worked with the student to fit it in their schedule for this coming semester?
Yes _____ No _____

If you do recommend a course but are unable to fit it into their schedule for this semester, are there other academic support resources you recommend the student takes advantage of during this semester until they take the course next semester? (Please describe)
Yes _____ No _____

3. **SUBMIT WITH THIS FORM A TYPED NARRATIVE THAT INCLUDES THE FOLLOWING:**

- a. **OUTLINE THE SPECIFIC CIRCUMSTANCES THAT HAVE CAUSED YOU TO BECOME INELIGIBLE FOR SCHOLARSHIP RENEWAL.**
 - i. Discuss circumstances throughout your academic career for which you could not plan, influence, or prevent. Do not limit your narrative to events in the most recent semesters. It is suggested that you look at your academic record and explain the reasons for any failing grades, withdrawals, and incompletes. Provide relevant documentation whenever possible (e.g., a letter from a doctor, counselor, etc.).
- b. **OUTLINE THE SPECIFIC STEPS YOU ARE NOW TAKING TO ADDRESS THESE CIRCUMSTANCES AND TO IMPROVE YOUR RECORD.**
- c. **IF YOU HAVE DROPPED ANY COURSE(S) BETWEEN THE START OF THE SEMESTER AND WHEN YOU SUBMIT THE APPEAL, SPECIFY THE REASONS FOR DROPPING AND PROVIDE RELEVANT DOCUMENTATION.**

4. **A COPY OF YOUR STUDENT ACADEMIC PROFILE. THIS MAY BE FOUND IN YOUR MYZOU ACCOUNT UNDER:**
Self Service > Student Center > Other Academic Drop down List > Student Academic profile

5. **THE CENTER FOR ACADEMIC SUCCESS & EXCELLENCE (CASE) HAS PROVIDED A SIGNED COPY OF A VERIFICATION LETTER TO THE STUDENT ABOVE TO INDICATE THEIR CREATION OF A SUCCESS PLAN.**

DEADLINE: APPEAL MUST BE COMPLETED AND SUBMITTED ON OR BEFORE OCTOBER 1 OF THE ACADEMIC YEAR YOU ARE APPEALING FOR (e.g. Appeals for Fall 2017 and Spring 2018 must be submitted by October 1, 2017).

The student above has met with me to discuss their Academic Plan and any course recommendations. I have worked with them to develop a plan for academic success that has my support.

ACADEMIC/FACULTY ADVISER SIGNATURE

DATE

The student above has met with me to discuss their Success Plan and any further recommendations for support. I have worked with them to develop a plan for academic success that has my support.

CASE RETENTION COORDINATOR SIGNATURE

DATE

FOR MORE INFO, CONTACT CASE BY PHONE AT 573-882-9208 OR VIA E-MAIL AT MUcase@missouri.edu.

Please be aware the financial aid appeals committee will review your student academic profile. If your student academic profile is incomplete, please provide additional documentation:
(Official Transcripts, Transfer Transcripts, Etc.)

ONLY COMPLETE APPEALS WILL BE REVIEWED. ALL APPEAL DECISIONS ARE FINAL AND NOT SUBJECT TO FURTHER REVIEW.

As student, I acknowledge the terms and conditions of appealing for financial aid and the information I have provided is true and accurate to the best of my knowledge. I also understand that failure to meet the terms of my academic plan may result in loss of future financial aid payments.

STUDENT SIGNATURE

DATE

NOTICE: Please work with your academic/faculty adviser to develop the most realistic plan, based on your specific needs and past academic performance. Please note that it may take two advising sessions with your academic/faculty adviser (so plan accordingly): the first session to discuss your academic/degree completion plan and the second to receive a copy and review your plan, completed in the attached form.

ACADEMIC PLAN EXPECTATIONS (required if you have fewer than 90 completed hours)

- Your academic plan should indicate enrollment for the next two terms at MU, **including the term for which you are appealing**. It should also indicate the major and degree you are pursuing and, if applicable, the minimum requirements to be admitted into the major/department. If admittance is not assured, consider a backup plan.
- This plan should be practical and realistic so that the student has a reasonable likelihood to complete the semester successfully without dropping any courses on or after the first day of classes.

DEGREE COMPLETION PLAN EXPECTATIONS (required if you have 90 completed hours or more)

- Your degree completion plan should indicate enrollment through graduation at MU, **including the term for which you are appealing**. If you are majoring in multiple programs, it is advisable to appeal only for the degree in which you are closer to completion. Appeals are rarely approved for additional hours to pursue multiple degrees. Once you complete a first bachelor's degree, you are allowed an increased hours limit to attain a subsequent bachelor's degree.

Due to Executive Order No. 40 issued by the President of the University of Missouri System, any incident of sexual harassment of any kind, including sexual assault, committed against students must be reported to the University Title IX Coordinator.

- Your degree completion plan should indicate the major and degree you are pursuing and, if applicable, the minimum requirements to be admitted into the major/department. If admittance is not assured, consider a backup plan.
- This plan should be practical and realistic so that the student has a reasonable likelihood to complete the semester successfully without dropping any courses on or after the first day of classes.

NOTES FOR THE ACADEMIC/FACULTY ADVISER IN REGARDS TO THE ACADEMIC/DEGREE COMPLETION PLAN

Include the following in the student's academic/degree completion plan:

- The student's interest code on his/her transcript should correspond to the academic plan unless you, the academic/faculty advisor, have noted the student's anticipated change of program and have discussed the admittance requirements for the new program. If admittance is not assured, please provide a backup plan (see next item).
- The student should consider a backup plan if his/her initial plan is not assuredly obtainable (e.g., if he/she is denied admission to a certain academic program or if he/she does not currently meet the admittance requirements). If a backup plan is discussed, please include the information on the academic plan.
- The academic/degree completion plan should demonstrate the quickest path to meeting graduation requirements and **only include courses that apply to the student's degree requirements** (i.e., exclude unnecessary electives).
- Note any steps discussed in meeting with the student that he/she is taking to improve his/her academic record (e.g., tutoring, counseling, etc.). Also note any services you recommend the student utilize.
- Feel free to provide any additional remarks pertinent to the student and his/her academic record.

For more information about the standards for Scholarship eligibility, please visit

<http://financialaid.missouri.edu/types-of-aid/scholarships/index.php>. Contact Student Financial Aid at 573- 882-7506 or sch-appl@missouri.edu with questions.

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Scholarship Appeal Academic Plan
To be completed with an Academic/Faculty Adviser

Intended major: _____ Today's Date: _____

Credits Remaining in Program: _____ Anticipated degree completion date: _____

Minimum Requirements for Admission: _____

SUMMER 2017	
COURSE SUBJECT/NUMBER/REQUIREMENT	CREDITS
TOTAL CREDITS:	

FALL 2017	
COURSE SUBJECT/NUMBER/REQUIREMENT	CREDITS
TOTAL CREDITS:	

SPRING 2018	
COURSE SUBJECT/NUMBER/REQUIREMENT	CREDITS
TOTAL CREDITS:	

Place asterisk () next to repeated coursework or two (**) if student was already enrolled prior to advising appointment and after deadline to drop.*

The student was advised to access the following resources or strategies to improve his/her academic record:

<input type="checkbox"/> Academic Support Resources/Services (e.g., special accommodations, tutoring, TRiO, academic exploration, etc.)			
<input type="checkbox"/> MU Career Center	<input type="checkbox"/> Wellness Resource Center	<input type="checkbox"/> Counseling Center	<input type="checkbox"/> Office for Financial Success
<input type="checkbox"/> Reduced Course Load	<input type="checkbox"/> Reduced Work Hours	<input type="checkbox"/> Repeat Courses	<input type="checkbox"/> Remedial Coursework
<input type="checkbox"/> Change of Major	<input type="checkbox"/> Backup Plan	<input type="checkbox"/> Community Referral (e.g, housing/transportation services/social service)	
<input type="checkbox"/> High Risk: We discussed the plan above, which I believe is high-risk, and I have advised you to follow a more realistic plan.			

Additional notes to student or other items discussed: _____

The courses listed above are required for your degree program at MU. We discussed your specific needs, including a realistic plan to be academically successful.

ACADEMIC ADVISER NAME (PRINT)	ACADEMIC ADVISER SIGNATURE	DATE
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STUDENT SIGNATURE	DATE
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