



Aid Year: _____

Scholarship Reinstatement Appeal
Office of Student Financial Aid | Florida Atlantic University
FORM: SCHREI

Submit this form online via owlfiles.fau.edu
Need Help? Visit fau.edu/finaid/contact

XXX – XX – _____
Last 4 Digits of SSN

Student Name

Z _____
Student Z Number

FAU Email Address

Address

Telephone

- YOU MUST SUBMIT THIS FORM ALONG WITH THE FOLLOWING:**
- 1. A detailed **Student Statement of Circumstances** explaining the reason for your appeal.
 - 2. An unofficial copy of an **updated academic transcript**.
 - 3. Any **verifiable documentation** that supports your reason for appeal.

SCHOLARSHIP:	DESCRIPTION OF CIRCUMSTANCES (Check One):
_____ _____ _____	<input type="checkbox"/> Personal injury, illness, or physical disability of student <input type="checkbox"/> Death/illness of immediate family member <input type="checkbox"/> Emergency <input type="checkbox"/> GPA or hours completed not accurate/change <input type="checkbox"/> Other

STUDENT STATEMENT OF CIRCUMSTANCES:
You may use this space or attach a typed statement explaining the mitigating circumstances that you feel prevented you from meeting satisfactory academic progress or fulfilling scholarship requirements.

REMEMBER: ATTACH VERIFIABLE DOCUMENTATION AND UPDATED TRANSCRIPT TO SUPPORT YOUR APPEAL.

Student Signature

Date