UNIVERSITY OF ST. THOMAS

FINANCIAL AID APPEAL FORM

Office of Scholarships and Financial Aid

2026 – 2027

Student ID #: _____ Name: _____ _____ _____
LAST *FIRST* *M.I.*

Phone Number: _____ Email: _____ *@stthom.edu*

*Priority Deadlines:		Final Deadlines:	
Fall 2026 -	July 20, 2026	Fall 2026 -	October 1, 2026
Spring 2027 -	December 1, 2026	Spring 2027 -	March 1, 2027

**Required documents are needed before the appeal is reviewed. Missing documents will result in an incomplete appeal.*

PURPOSE OF APPEAL

Indicate the all type(s) of appeal being submitted and check all reasons that apply.

☐ **Satisfactory Academic Progress (SAP)**[τ]

- ○ Cumulative GPA below required: 2.0 (UGRD) or 3.0 (GRAD)
- ○ Course Completion Rate below required 75%
- ○ Time Frame Exceeds maximum credit hours: 180 (UGRD) or 60 (GRAD)

☐ **Scholarship Appeal (Merit)**

- ○ Cumulative GPA below requirement 2.0
- ○ Did not complete 24 credit hours the previous year
- ○ Request scholarship at a prorated amount for reduced hours (below 12 credit hours)
- ○ Request scholarship be extended beyond 8 terms (Additional Semester Scholarship)

[τ] Approved SAP Appeals will require a signed Academic Plan.

[*] Appeals submitted by the **Priority Deadline** will be processed before the semester begins. Appeals submitted after the Priority Deadline will still be accepted, but only until the **Final Deadline**. Appeals received after the Final Deadline will not be reviewed.

REQUIRED DOCUMENTATION

Items listed below are **required** in addition to this form. Required documentation for both types of appeals are the same. Documentation and this form, together, is to be submitted to the Financial Aid Office.

1) Student Statement

If applicable,
Explain any extenuating circumstances you may have had.
Explain what changes you have made, or will make, to help you meet the minimum requirements needed for your scholarship or financial aid.
Indicate any responsibilities you have while attending school during the semester (work, family, etc.)
If applicable, explain what changes were made, or will make, to help you be successful at UST.

2) Letter of Recommendation

A letter of recommendation will need to be from an individual familiar with the circumstances indicated in your Statement. The letter can be from a UST Success Coach, UST Faculty, Access & Disability Services, Spiritual Advisor, Employer, Physician, Mentor, or assigned Academic Advisor.

ACADEMIC INFORMAITON

If you have not yet declared a Major, check 'Undecided' and specify your intended major

Classification: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate Level

Credit Hours next Semester: _____ **GPA -** Cumulative: _____ Last term attended: _____

Major _____ **Minor:** *(If applicable)* _____

☐ Undecided **Joint Program?** *(Dual Degree)* ☐ No ☐ Yes-Indicate Program: _____

Semester for Appeal: ☐ Fall 2026 ☐ Spring 2027

STATEMENT OF ACADEMIC INTEGRITY

ID:

Student Responsibility:

You are responsible for knowing and abiding by all Scholarship, Federal and State guidelines, deadlines, and scholarly requirements for each program. Lack of knowledge is not a valid excuse for failing to follow those guidelines. If you have questions regarding the requirements, it is your obligation to clarify the meaning before the failing to abide becomes an issue in evaluation of your appeal.

Statement of Academic Integrity:

Ethical conduct is essential to a community of scholars and students searching for truth. Anything less than total commitment to honesty and honorable conduct undermines the efforts of the entire community. Academic integrity lies at the heart of any institution of higher learning. At the University of St. Thomas, students and faculty are expected to commit to a code that exemplifies each individual's honor and integrity. Any conduct violating this standards and betrays the respect of others is a matter of concern and unacceptable.

Statement of Scholarship:

Scholarly work is essential to uphold the value of education provided by this university as well as the currency of all degrees conferred within the greater educational, professional, and world community. Anything less than total commitment to preparation, attentiveness, active intelligence, reasonableness, and responsibility for producing the highest quality college work undermines the efforts of the entire community. It is the student's responsibility to seek academic and personal support when in crisis.

Statement of Understanding:

The Financial Aid Appeal form I have submitted represents my best efforts to commit to UST goals of Higher Education. I understand that the Appeals Committee's decision is final and re-appeals will not be accepted for the academic year I am applying. The decision may stipulate conditions and restrictions that if not followed explicitly may affect my financial aid and scholarship eligibility.

Statement of Release:

I am requesting the Appeals Committee review the Scholarship and Financial Aid Appeal and supporting documentation submitted for consideration. I hereby authorize the Appeals Coordinator and Committee to discuss and obtain any documentation related to my academic performance, my character, my potential for success in the endeavor recommended me, and any other information considered relevant. I waive my right under the Family Educational Rights and Privacy Act (FERPA) to see the letter, making it confidential between the individual contacted and the Appeals Committee.

Student Acknowledgment

_____ _____

Student Signature Date

Committee Use Only: ◯ Approved ◯ Denied Date: _____

☐ Scholarship Appeal - SchName: _____ Amount: _____

NOTE: GPA___ HRS___ PRATE___ 8SEM___

Hours Complete for prior: Fall_____ Spring _____ Summer _____

☐ SAP - Appeal No._____ Career:_____ GPA: _____ Comp. Rt:_____% Time Frame/Hrs:_____

Recommendations: _____

_____

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