

Senate Bill 1210 - Exemption/Waiver Satisfactory Academic Progress Appeal

Effective for Fall 2014, the Texas Legislature passed Senate Bill 1210 which states that recipients of Texas state exemptions and/or

| | | | | · = | ade point average (GPA) of 2.0 for | | |
|--|-------------|--|---|---------------------------------------|--|--|--|
| | _ | | e registered for Selective Service. | Also, if you are in Ex | ccess Hours status, you may not be | | |
| en | gible for s | ome exemptions. | | | | | |
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| · | | | M | | | | |
| | S | tudent's Last Name | Student's First Name | | Mustangs ID | | |
| Stu | udents ma | ay use this form to request an e | evaluation of the suspension of v | vaivers/exemptions. | Students must return this appeal | | |
| | | | • | · · · · · · · · · · · · · · · · · · · | Appeals are reviewed by the Vice | | |
| | | | | | ation. Students are notified of the | | |
| ou | tcome of | their appeal via email after the d | ecision Is made. | | | | |
| I am requesting this appeal to receive my waiver/exemption for the following semester (check one): | | | | | | | |
| | | ☐ Fall 20 | ☐ Spring 20 | ☐ Summ | er 20 | | |
| ST | EP 1: | Check the appropriate box(es) b | pelow that best describes the situ | ation for which you a | are seeking an appeal. | | |
| ST | EP 2: | provide a personal letter, which | n is your own detailed explanation r personal letter must also indicat | n of the event(s) with | evant to your situation. You must n appropriate reference to specific eps you have taken or plan to take | | |
| | | _ | edical circumstances of the stud | | amily member that hindered the | | |
| | • Sup | - | doctor or hospital bills, insuranc | e benefit statement | s, letter from healthcare provider, | | |
| | | al Circumstance: Extenuating pef a relative or close friend. | rsonal circumstances may includ | e personal crisis iss | ues, family crisis situations or the | | |
| | pro | • | erence letter, medical profession | • • | no can attest to your statements, official or legal documents such as | | |
| | Excessiv | ve Hours Requirement: Students | s may have exceeded maximum e | ligibility of hours du | e to the number of transfer credit | | |

Explanation of reason for requiring excess hours is required. This statement should also indicate the required number of hours remaining for completion of your degree.

hours, changes in the requirements for specific degree programs, seeking dual degrees, or for other academic or personal

situations.

| ☐ Oth | ner (į | please explain): | | | | |
|----------|---|-----------------------------------|--|----------------------|--|--|
| STEP 3: | 3: STUDENT CERTIFICATION STATEMENT ✓ I have attached a detailed letter of explanation that addresses the circumstances that prevented me from ma SAP. ✓ My letter explains what will be different about the upcoming semester(s) and how I will be able to meet the sof SAP. ✓ I understand that I will be notified by email AFTER the Vice President for Business Affairs and Finance has decision. ✓ I understand the submission of this form does not constitute an approval of my appeal and that I must make arrangements by the tuition deadline should my waiver/exemption not be awarded and disbursed by that date ✓ I understand if my appeal is: • Approved, I will be granted my waiver/exemption on a semester by semester status. • Denied, I will not receive my waiver/exemption and will make alternative payment arrangements. appeal this denial for this semester. I understand that in order to regain my waiver/exemption e must meet the Standard SAP requirements. | | | | | |
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| | to ensure courses | | | | | |
| I hereby | | tify that I have read the informa | tion listed above and that I understand there is no guarantee that the | SAP appeal will be | | |
| Student | :'s Sig | gnature: | Date: | | | |
| Date | Read | dy for Review: | FOR BUSINESS AFFAIRS USE ONLY Vice President Decision: | Approved | | |
| (ie: a | II do | cuments received from student) | | Denied Incomplete | | |