

## ACADEMIC SCHOLARSHIP APPEAL FORM

Name: \_\_\_\_\_ Nicholls ID: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ (Indicate a # where you can be reached between 8:00-4:30.)

Semester for which you are requesting reinstatement: \_\_\_\_\_

\*Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*By signing above, you give the Office of Financial Aid permission to email you any decision and/or feedback regarding your appeal to your Nicholls email account.

**You must complete the questions below and return to NSU - Office of Financial Aid, Attn: Scholarships at P.O. Box 2005, Thibodaux, LA 70310.**

1. Explain the circumstances that caused you to fail to maintain the academic scholarship criteria during the semester and the reasons for the basis of this appeal. Be as detailed as possible:

A. State what the problem was:

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B. When did the problem occur:

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C. How long did the problem last:

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D. How did this affect your ability to complete your coursework:

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E. Why do you believe it will not be a problem in the future:

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Attach additional pages if necessary.

2. Documentation to support your appeal must be attached. You must list these documents below and explain how each relates to or is in support of the circumstance(s) discussed in question #1. **Please note that falsified documentation will result in you being reported to the University Disciplinary Committee.**

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