

Signature (typed or signed)

Student Financial Services

G-1 Parker Hall, 300 W. 13th Street Rolla, MO 65409

P: 573/341-4282 F: 573/341-4274

Missouri S&T Merit Scholarship Appeal Form Part I: Student Information				
Student's First Name:			S&T Student ID #:	
Studer	ıt's Last Name:		Phone Number:	
docume request also ap must be	entable extenuati ing a leave of abs peal for considera	et established scholarship renewal c ng circumstances for which they cou sence (ex., military obligation, religio ation. Incomplete appeals will not be r than the first day of the 4th week o	ald not plan, influence us mission service, or processed and WILL	e, or prevent. In addition, students medical complication, etc.) must be denied. Scholarship appeals
			1 . 1.1	
Please	check all the boxes to indicate that you have read and completed the necessary steps of this appeal.			
ᆜ	Submit a completed and signed form via the secure file upload in Joe'SS.			
	Complete and attach the typed explanation on the second page of this form (Part IV: Appeal Statement) on why you are appealing the loss of your scholarship. Outline the specific steps you are now taking to address these circumstances and to improve your record. This should be written by the student and submitted via the secure file upload.			
	If you have retaken a course and improved your grade, your <u>grade adjustment form</u> should be submitted to the Registrar's Office prior to submitting this appeal. Your new grade will not automatically replace the previous grade without the grade adjustment form being submitted. You should also reference the replacement in your explanation of appeal.			
	Attach any supporting documentation you feel is needed to support your appeal. (Doctor's letter, obituary, letter from a professor or counselor, military service letter, etc.)			
Part	III: Acknowled	lgment of available on-campu	is resources	
Please check all boxes to indicate that you are aware of the available on-campus resources.				
	Counseling Services in 204 Norwood Hall, phone: 573-341-4211, email: wellbeing@mst.edu (Services provided: one-on-one counseling, support groups, care coordination, etc.)			
	Student Accessibility Services in G-10 Norwood Hall, phone: 573-341-6655, email: <u>dss@mst.edu</u> (Services provided: Assistance on accessibility and academic accommodations.)			
	Student Success Center in Innovation Lab, Room 117, phone: 573-341-7590, email: ssc@mst.edu (Services provided: coaching/mentoring, tutoring, and providing a quiet environment for students to between classes.)			
	king the boxes ab ave access to thes	oove, I acknowledge that I have read to se services.	this form, understand	my responsibilities, and recognize
I certify that all attached documentation is true and accurate.				
	stand that the sub decision is final.	omission of this appeal and supporti	ng documentation do	es NOT guarantee approval and the

Date

Part IV: Appeal Statement

Complete a typed statement explaining why you are appealing the loss of your scholarship. Outline the specific steps you are now taking to address these circumstances and to improve your record. Maximum of 750 words.

Return form to Student Financial Services

In-person/mail: G-1 Parker Hall

300 West 13th Street Rolla, MO 65409-0250

Fax: 573.341.4274

Submit in Joe"/SS: Secure Document Upload (QR Code provided)

