

TEXAS TUITION EQUALIZATION GRANT PETITION FORM

Student Name: _____

Banner ID: B00 _____

Academic Year: _____

Reason for Petition:

I request that my status be reconsidered due to impending fall graduation.

I request that my status be reconsidered due to an extenuating circumstance, which caused me to fail to meet an award requirement.

I request that my suspension status be removed because I now meet the award requirements.

Requirement not met: GPA Hours Completion Rate N/A

The following must be attached for a petition to be considered:

1. Student's written explanation of the unusual circumstances
2. Student's written explanation of corrective actions/steps to prevent future problems
3. Professional's documentation supporting the unusual circumstance (on letterhead)
 - doctor or counselor
 - hospital records or death certificate
4. Professional's letter of recommendation (on letterhead)
 - counselor, employer, faculty member

TO BE COMPLETED BY STUDENT FINANCIAL SERVICES

Reviewed by: _____

Date Reviewed: ____/____/____

Comments: _____

Decision: Approved Denied

Decision Notification Date: ____/____/____

Date Revisions Made: ____/____/____

