



**TEXAS TUITION EQUALIZATION GRANT  
(TEG) PETITION FORM**

**Student Name:** \_\_\_\_\_

**Banner ID:** B00\_\_\_\_\_

**Academic Year:** 20\_\_\_\_ - 20\_\_\_\_

**Requirement(s) not met:**

\_\_\_\_ Cumulative GPA    \_\_\_\_ Percent Hours Attempted/Earned    \_\_\_\_ Completion of Program

**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.

**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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**TO BE COMPLETED BY STUDENT**

**Student Name:** \_\_\_\_\_

**Banner ID: B00** \_\_\_\_\_

**Student's explanation of unusual circumstances:** \_\_\_\_\_

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**Student's explanation of corrective actions/steps to prevent future problems:** \_\_\_\_\_

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**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Electronic and typed signatures are not acceptable.*