



2019-2020 University Administered Scholarship Appeal (Less Than Full Time)

STUDENT NAME: _____ OSU ID#: _____

Students may use this form to appeal the loss of a scholarship for which they are now eligible. Examples of scholarships that may be appealed using this form are: merit scholarships, Morrill Scholars Program, National Buckeye, Land Grant Opportunity Scholarship and Young Scholars Program.

If you have lost eligibility for a scholarship that was awarded by a department or college, please reach out to that department or college.

Note: Unless otherwise indicated, scholarships carry a maximum of 8 semesters of eligibility. A semester of eligibility is considered used any time a student receives any university administered merit or need-based aid regardless if the particular scholarship in question is utilized during that semester or not. Exceeding this maximum, regardless of the circumstance, is not appealable.

APPEAL FOR LESS THAN FULL TIME ENROLLMENT

Less than full-time in final semester: You may submit this type of appeal if you are in your *final semester* before graduating and will be attending less than full-time. If you are granted this appeal and do not graduate for any reason during that semester, you will no longer be eligible for future disbursements of the scholarship.

I am enrolled in _____ hours for my final semester.

Note: Awards will be prorated based on the number of enrolled credit hours.

- Students must have applied for graduation before submitting an appeal
- Actual student enrollment must match the number of hours listed on this form
- No additional documentation required

Note: Once reviewed you will be notified in 7-10 business days of the decision via your university email address.

SIGNATURES AND CERTIFICATION

All information on this form is true and complete to the best of my knowledge.

I understand the information I submit may be shared with university offices that have a need to know for purposes of reviewing and processing this appeal, and/or to comply with university policy or law.

Student Signature

Printed Name

Date

To return this form:

Students may upload all forms & documents to the Secure Document Uploader: sfa.osu.edu | Fax to: 614-292-9264

Mail to: Buckeye Link, P.O. Box 183029 Columbus OH 43218-3029 | Questions: 614-292-0300

Note: Do not submit this form or any supporting documents via email.

FOSCHG