



For Office Use Only
COMMKEY 9SCHRA/9SCHRR
CheckList 9SCHRA/9SCHRR

Financial Aid

Scholarship Reinstatement Petition Form

(Students not enrolled are not eligible to file a scholarship reinstatement petition)

Name: _____ SBU ID # _____

Address _____
(Street) (City) (State) (Zip)

Email: _____ Phone: _____

Major(s): _____ Minor: _____

Current Cumulative GPA: _____ Last Term of Attendance: _____
I am requesting that my scholarship be reinstated beginning with the _____ term.

Step 1 – Which of the areas listed below were identified as those that you are/were currently failing to meet? Check all that apply.

- GPA** *Note: scholarship reinstatement requests in situations where the cumulative GPA requirement has not yet been met are only granted when extenuating circumstances exist.*
- Term withdrawal or other period of non-attendance**
- Failed to maintain Full Time status**
- Was found guilty of Academic Dishonesty**
- Other**

If you selected "Other" Briefly explain what "other" means in the context of why your scholarship was not renewed. This is not the place where you should detail your explanation for requesting the appeal. This is to explain why you lost the scholarship.

Explain in 250 characters or less

Step 2 - Create and submit an appeal letter, the **student** must submit a **formal letter** of appeal. The letter must:

- ✓ Establish that the reason for your failure to meet the Scholarship requirement was a result of external circumstances beyond your control. Example: explain why your CUM GPA is below the required minimum, or why you have fallen below full time status.
- ✓ If your external circumstances warrant supporting documentation (for example, there was a medical condition associated with these circumstances, a death in the family, or other scenarios that could be supported by a third party) please include third party supporting documentation.
Students Enrolled in the Educational Opportunity Program (EOP) must provide a signed letter of support written by their EOP Advisor.
- ✓ Explain why those circumstances either no longer exist or why they will no longer negatively impact your academic success.
- ✓ Detail the steps that you will be taking to insure your academic success. Include specific strategies to improve your academic performance, such as how you will insure that you have adequate study time, how you will maintain sustained focus, and how you will utilize campus resources to improve your grade point average.
 - I understand that the staff in the financial aid office are required to report any incidents of sexual misconduct to the Title IX Coordinator, per [P106](#) in the University Policy Manual.

By signing this document I certify that all of the information included in and attached to this document is true and accurate.

- Additionally, I give permission to the Scholarship Appeal Committee to contact the Office of University Community Standards to conduct a background check on my discipline history.
- If I have been found guilty of Academic Dishonesty, I give the Scholarship Appeal Committee access to all documents and proceedings related to the Academic Dishonesty finding.
- I understand that the results may affect the appeal decision.

Student Signature:

Date:

Return the completed packet to the Office of Financial Aid and Scholarship Services:

Stony Brook Union, Suite 208
Stony Brook, NY 11794-3252

Incomplete applications will not be reviewed.

PETITIONS MUST BE RECEIVED BY THE FINANCIAL AID OFFICE NO LATER THAN:

- **Fall Reinstatement Requests – November 1**
- **Spring Reinstatement Requests – April 1**

You must print and sign this form as electronic signatures are not acceptable.

For secure and faster processing, submit this form via the [Upload Process](#) located in your SOLAR To Do List. ***Note: Only .tif and/or .pdf file types are allowed for uploading.***