



University of the Incarnate Word - Office of Financial Assistance
4301 Broadway, San Antonio, TX 78209
(210) 829-6008 or FAX (210) 283-5053 or finaid@universe.uiwtx.edu

State Non-Renewal Appeal Form

Student Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ email: _____

Major: _____ Expected Graduation Date: _____

State Non-Renewal Appeal Process:

- Complete your current Financial Assistance File.
- Complete the State Non-Renewal Appeal Form.
- Attach a typed letter indicating the circumstances to be considered in reviewing your appeal. You must also outline the steps you will take to ensure that you will meet the renewal requirements in the future. The committee decision to approve or deny your appeal is based strictly on the information you provide, so you must include all relevant information to ensure an appropriate decision.
- Submit the State Non-Renewal Appeal form, your typed letter of explanation and any supporting documentation (i.e. if your appeal is based on an extenuating medical condition, you would want to provide documentation from your physician supporting your personal circumstances letter).
- The Review Committee will evaluate your appeal and have a decision within 10 days. The committee will not review incomplete appeals.

Certification Statement:

I understand that I am currently not meeting the renewal requirements for state aid. I have read the state hardship policy and believe I should be considered for state aid based on hardship circumstances. I understand that if my appeal is denied, I will not be eligible state funds at this time.

Student Signature: _____ Date: _____