STUDENT DEBT - APPLICATION FOR APPEAL

The University of Texas at Tyler

3900 University Boulevard, Tyler TX 75799 Phone: 903.565.5982 • Fax: 903.565.5657

Stud	ent ID:		Date:	Date:	
Print	ted Name:		First	 MI	
Home Phone:		Cell Phone:	Work Phone:		
Nati	ure of Appeal Regarding Past D		Plan or Emergency Loan f	or current term	
INST	RUCTIONS:				
I.	Carefully complete the student information section above.				
II.	 Type and attach a letter stating: A. The nature of your appeal, including a detailed summary and timelines of the extenuating / mitigating circumstances and / or events that led to your need to file this appeal, B. The exact request being made and/or outcome desired as a result of your appeal, being as specific as possible, and C. How much you are able to pay towards your balance up front (down payment is required with application). Note: This document is a required part of the appeal and is not considered to be supporting documentation. 				
III.	Attach signed money management plan created with the Center for Student Financial Wellness staff as well as documentation proving ability to make payments. Note: This document is a required part of the appeal and is not considered to be supporting documentation.				
IV.	Attach supporting documentation for the extenuating/mitigating circumstances and/or events identified in the appeal. The submitted documentation should provide proof of extenuating circumstances, be current and/or match the timeline presented in the appeal, and be relevant to the circumstances of the appeal. It is the responsibility of the student alone to determine what supporting documentation is appropriate for their appeal, and to obtain/attach those items.				
V.	Submit completed form with a mail to <u>collections@uttyler.ec</u>	-	to the Cashiers at the Or	ne-Stop Service Center (STE 230), by e-	

VI. Await your official appeal outcome message, which will be sent to your Patriot email account.

By signing below I confirm that I have read and understand all instructions on page 1 and all additional information on page 2 of this document.

Signature: _____ Date: _____

For use by university o	fficials only.		
Please verify all four required components of the application for appeal.			
Letter concerning nature of appeal			
Signed Money Management Plan	Checked By:		
Supporting documentation			
Down Payment			

NOTES:

- <u>Any</u> appeal submitted to Student Business Services without proper supporting documentation, as outlined above, will be automatically denied as incomplete/invalid and will not be reviewed by the Student Debt Appeals Committee.
- Certain items may not be appealed, and any such requests will be automatically denied as invalid. These include, but are not limited to, the following:
 - Must meet Satisfactory Academic Progress requirement for enrollment appeal, minimum 2.0 GPA undergraduate, minimum 3.0 GPA graduate.
 - Failure to comply with the terms of a previous appeal or past due payment agreement.
- Financial Aid appeals are not handled via this form; please refer to the Financial Aid webpage for more information.
- Appeals related to course withdrawals or charges due to excessive hours are not handled via this form; please refer to the <u>Office of the Registrar's Appeals website</u> for more information.
- Scrade appeals are not handled via this form; please consult with your instructor or Department Chair.
- Medical Withdrawals are not handled via this form; please refer to the <u>Student Affairs Medical Withdrawal website</u> for more information on the medical withdrawal process, and complete the Application for Medical Withdrawal / Course Load Reduction form to initiate a medical withdrawal.
- All responses concerning appeal outcomes will be sent via Patriot email.