

# Scholarship Appeal/Exception Request

This form must be completed to request a deferment of a scholarship(s) or to appeal the cancellation of a scholarship(s) due to academic performance. Allow 14 business days for review of your request. You will be notified whether your request has been approved via your NDSU email account. **Deadline to submit the form is the prior to the first full day classes for the semester for which the deferment/appeal is being requested.**

<b>Student ID #</b>	
<b>Last Name</b>	
<b>First Name</b>	
<b>Telephone #</b>	
<b>New/Returning Student</b>	

I am requesting to have my scholarship:      Defer for a period of time  
    Reinstated

**I am requesting to defer or reinstate my scholarship(s) due to the following reason(s).  
 Check all that apply and provide all required supporting documentation.**

<b>Military Activation/Basic Training</b> Attach activation orders or documentation of basic training dates.
<b>Medical Hardship</b> Submit a letter from a physician confirming your medical hardship due to your inability to attend classes for an extended period of time. Must be on official letterhead and include date(s) of care or illness/injury.
<b>Other</b> Attach a detailed letter of explanation.
<b>Less than 12 Credits</b> Attach a detailed letter of explanation.

**I am requesting deferment or reinstatement for the following scholarship(s):**


If you are temporarily leaving school indicate the term you will be leaving and the term you intend to re-enroll.

<b>Term Leaving NDSU</b>	<b>Term Returning to NDSU</b>

The information provided on this form is true and complete to the best of my knowledge. I understand if I do not enroll in the term I have indicated above, I may forfeit my scholarship(s).

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

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