

**UTA Department of Music  
Scholarship Appeal Form**

---

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**UTA ID No:** \_\_\_\_\_

**Area of Concentration:** \_\_\_\_\_

**Classification (circle one):**   **Freshman**   **Sophomore**   **Junior**   **Senior**   **Graduate Student**

Directions: Please answer the below questions as to why you are requesting reinstatement of your scholarship. Please note that if your appeal is granted, and the scholarship is rescinded again, you will not be able to appeal.

Note that filing this appeal does not guarantee reinstatement of your scholarship, and successful appeal is contingent upon availability of funds. After the committee reviews the appeal, you will be notified in writing (via email) of the decision. The decision of the committee is final.

**What scholarship are you requesting be reinstated?** i.e. what area or endowment provided you this scholarship?

**What is your current cumulative GPA?** \_\_\_\_\_

**Why was your scholarship rescinded?** Include all of the requirements that were not met. If you are unsure, please check with your area coordinator.

**What changes have you made to ensure you will continue to meet the requirements of this scholarship, if it is reinstated?** Suggestions include discussing study habits, time management, etc.

**Are there any other circumstances the committee should consider regarding why you lost your scholarship the first time?**

**Signature:** \_\_\_\_\_

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

FOR OFFICE USE ONLY   COMMITTEE DECISION:   Approved   Denied   Date: \_\_\_\_\_