

CWID: \_\_\_\_\_ Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Athletic Scholarship Reduction/Cancellation Appeal Form**

Office of Financial Aid & Scholarships  
P.O. Box 3011, Commerce, TX 75429-3011  
Phone: (903)886-5096 Fax: (903)886-5098 Email: [Scholarships@TAMUC.edu](mailto:Scholarships@TAMUC.edu)



**YOUR CAMPUS EMAIL ADDRESS IS THE OFFICIAL MEANS OF COMMUNICATION FOR A&M-COMMERCE. When complete send this form and supporting documentation where appropriate to the email listed above.**

SCHOLARSHIP(S) BEING APPEALED: \_\_\_\_\_ SPORT: \_\_\_\_\_

Is this your first appeal?    YES    NO    If No, please list the date of the first appeal: \_\_\_\_\_

Please provide a brief statement below as to why you are appealing the reduction/cancellation of the above listed scholarships. When complete please sign and submit this form to the Financial Aid and Scholarships Office.

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Student Signature

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Date