



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

TEXAS Grant Hardship Appeal Form Deadline for Submission: August 23, 2021

(This form should be submitted directly to your financial aid advisor)

Name: _____

PVAMU ID: _____

Address: _____

Phone #: _____

City State Zip

Email: _____

Policy: The State of Texas requires that students who receive the Texas Grant must meet and maintain all of the above renewal requirements:

- Satisfactory Academic Progress (SAP) – Initial Recipients Only
- Enrolled in at least 9 credit hours per semester of award
- Cumulative GPA of 2.50
- Complete/Pass 24 credit hours in an academic year.
- Attempted less than 150 credit hours

If eligible, please completed this form and attach a detailed explanation and provide the necessary documentation to support you reason(s) for the request. The explanation must be detailed and clear. If your request is approved, the TEXAS grant will be reinstated for the 2021 – 2022 academic year, as long as you are enrolled for at least 9 semester hours. We will not accept any future appeals for a student who was previously granted a hardship appeal by PVAMU.

My hardship request is based on the following:

- ☐ Medical (severe illness or other debilitating condition)
- ☐ Family (illness or death of a family member)
- ☐ Graduation (Circle One) Fall 2021 Spring 2022 (will be enrolled in less than 9 credit hours)
- ☐ Other (please explain) _____

Student Certification: I understand that decisions are made on a case-by-case basis. I understand that the submission of this form does not constitute an approval of my request. I will be notified through PV email in approximately 2 weeks after the submission of this form. **Any fees I my owe PVAMU are due on the specified date regardless of the status of my approval.**

Student Signature

Date

For Office Use Only:

Current GPA: _____ Required GPA: _____ Total Hours Attempted: _____
Term last attended: _____ Total Hours Earned: _____
Completion Rate: _____ %
Approved: _____ Denied: _____ Other: _____
Comments: _____
Reviewed by: _____ Date: _____