

Hazlewood Suspension Appeal Form

Student Name:		K#:		
Degree:	Major:	Term:	Year:	

Hazlewood Benefit

[] Hazlewood Veteran [] Hazlewood Legadyependent [] Hazlewood Death/DisabilityChild/Spouse

I hereby request that the TAMUK Veteran Certifying Official review my suspension appeal based upon the following circumstances: (Check all that apply)

[] Injury or illness of the student or an immediate family member.

x Please explain the situation in detail with specific dates with documentation such as medical documents. (Required)

[] Death of an immediate family member.

x Please explain the deceased person's relationship to you and provide a death certificate or an obituary. (Required)

[] Other extenuating circumstances

x Please explain the situation in detail and provide support**tiog**umentation. (Required)

You must subrit the following with your appeal:

[] Typed Personal Statement explaining why you feel an appeal is warranted and what steps you will take to achieve Satisfactory Academic Progress. (Required)

[] Official signed Degree Audit from a TAMUK Academic Counselor. (Required)

[] Unofficial TAMUK Transcript (Required)

All documentation provided must match the semester in which satisfactory academic progress was not met. Failure to subroit they above required documentation will result in your appeal being denied. Submitting the documentation does not guarantee that your appeal being granted. In the event the student is on suspension for the Hazelwood benefits, Veterans Affailintake priority in determining whether the appeal will be granted or denied

Hazlewood appeal may and can be reversed.

Student'sSignature:	 Date:

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