## University of Houston-Victoria Office of Financial Aid

3007 N Ben Wilson, Ste 133 University West, Victoria, TX 77901-5731 Phone: 361-570-4125 Fax: 361-580-5555 Email: finaid@uhv.edu

## **TEXAS Grant Hardship Appeal**

## **Deadline for Submission**

Fall 2025 November 6th, 2025 Spring 2026 February 7th, 2026

This form can only be completed by previous recipients of the TEXAS Grant Award.

| First Name | <b>Last Name</b> | UHV ID | Email Address |
|------------|------------------|--------|---------------|
|            |                  |        |               |

The State of Texas requires that students who receive the TEXAS Grant must meet and maintain all of the following:

- Satisfactory Academic Progress (SAP)
- Enroll in at least 9 credit hours per semester of award
- Cumulative GPA of 2.50

Student Signature

- Successfully complete **24 semester hours** in the most recent academic year.
- Not exceed 150 attempted SCH with HS diploma/TEOG nor 90 SCH with Associate Degree

If eligible, please complete this form and attach your typed 200 word (minimum) explanation and necessary documentation to support your reason(s) for the request. The explanation must be detailed and clear. Please limit the explanation to less than one page. If your request is approved, the TEXAS grant will be reinstated for the 2025-2026 academic year, as long as you are enrolled for at least 9 semester hours. Only one appeal per student may be considered, we will not accept any future appeals for a student who was previously granted a hardship appeal by UHV.

| My h   | ardship request is based on the following:   |
|--------|--|
|        | Medical (severe illness or other debilitating condition)   |
| ]      | Family (illness or death of a family member)   |
| (      | Graduation Fall 2025 or Spring 2026 (enrolled in less than 9 semester hours)   |
| (      | Other (please explain)   |
| form d | nt Certification: I understand that decisions are made on a case-by-case basis. I understand the submission of this does not constitute an approval of my request. I will be notified through my UHV email within approximately 2 s. Any fees I may owe UHV are due on the date specified regardless of the status of my appeal. |

Date

| FOR OFFICE USE ONLY           |  |  |  |  |
|-------------------------------|--|--|--|--|
| Prior hardship request: YESNO | GPA:Total hours completed:Pace of progression: |  |  |  |
| Current Enrollment Hours:     | APPROVED DENIED                                |  |  |  |
| Explanation:                  |  |  |  |  |
|                               |  |  |  |  |
| UHV Staff Signature           | Date   |  |  |  |

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.