



SCHOLARSHIP APPEAL PROCESS DECISION FORM

Office Use Only:

STUDENT NAME: _____

SCHOLARSHIP RECEIVED: _____

Campus: ☐ NOC Enid ☐ NOC Stillwater ☐ NOC Tonkawa

- ☐ **We approve** this student to be placed on ____ probation ____ Academic Plan for the semester(s) referenced:

Probation Term: Fall ____ Spring ____ Summer ____ Year ____

Academic Plan Terms: Fall ____ Spring ____ Summer ____ Year ____

- ☐ **We do not approve** this student to be placed on probation or an academic plan.

Comment:

Additional comments about the Scholarship Appeals Decision:

Scholarship Appeal Committee:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____