2015-2016 Appeal for Termination of Federal, State, and University Scholarship/Financial Aid Eligibility

Student’s Name_________________________________ SLU ID Number________________

Last  First

**APPEAL PROCESS**

- A student has the right to appeal this termination of Federal, State and/or University Scholarship/Financial Aid eligibility.
- Supporting documentation is required for medical condition(s) and family death(s).
- An appeal for federal aid will require an academic advisor signature on Page 2.
- Return this document to the Office of Student Financial Services at the contact information listed at the bottom of each page.
- You will be contacted by e-mail to your SLU e-mail account regarding the decision of your appeal.

**Section #1: Student Appeal Statement** (initial by each checkmark)

- ✔ State in clear, concise sentences what caused the lack of minimum Academic Progress.
- ✔ You may attach additional pages and/or documentation.
- ✔ Documentation is required for medical condition(s) and family/friend death(s).
- ✔ SLU Transcripts are not required. The committee is able to see all grades and any updates to major or classes.
- ✔ Transcripts of grades from other universities/colleges are required.
- ✔ All documents should include your name and Banner ID.

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Continue to page 2
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Section #2: Student Corrective Action Statement (initial by each checkmark)

☑ _____State what corrective action(s) you will take to meet/maintain minimum Academic Progress Standards
   (registration loads, grades, etc.).
☑ _____You may attach additional pages and/or documentation.
☑ _____All documents should include your name and Banner ID.

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Print Name ___________________________________________ Signature ____________________________

Faculty Mentor or Academic Advisor’s Signature ____________________________ Date ________________

☑ Advisor’s signature signifies that an academic plan is approved and in place.

____________________________________________________________________________

Student’s Signature ___________________________________________ Date ________________

UPON COMPLETION SUBMIT TO: Student Financial Services at the contact information below.