2016-2017
Undergraduate Scholarship Deferment Request

Student’s Name_______________________________ SLU Banner ID Number__________________

Saint Louis University Scholarship Renewal Eligibility Policy

In accordance with Saint Louis University’s Scholarship Policies, a scholarship student must meet the following criteria to maintain Saint Louis University Scholarship renewal eligibility:

✓ Maintenance of a specified, minimum cumulative grade point average as measured at the end of each spring semester. To review scholarship requirements, visit finaid.slu.edu.

✓ Maintenance of continuous, full-time, Saint Louis University undergraduate school enrollment (non-Professional Studies) over a maximum specified number of fall/spring semesters, or until receipt of a baccalaureate degree, whichever comes first.

Saint Louis University Scholarship Deferment Policy

If a student cannot maintain these scholarship renewal requirements as detailed above, the scholarship student must submit this form, prior to the start of the semester in which scholarship policy noncompliance is contemplated. This form petitions for a Scholarship Deferment which requests that we consider a student’s special circumstances that have caused his/her inability to comply with the renewal eligibility scholarship policy. If approved, this Scholarship Deferment preserves the student’s remaining, unused semesters of scholarship eligibility for his/her anticipated return to Saint Louis University as a full-time, undergraduate (non-Professional Studies) scholarship student. A Scholarship Deferment cannot exceed one academic year in length. A Scholarship Deferment Request that has not been approved before a student exits the University may not be approved.

To reactivate scholarship eligibility after receiving approval for a Scholarship Deferment, students must notify the Office of Student Financial Services by the first day of the term they expect to return.

Please Note: Students leaving SLU to attend another University (other than an approved study abroad program) are not eligible. Also, if a Scholarship Deferment is not granted to a scholarship student prior to leaving the University or enrolling as other than a full-time, fall/spring undergraduate (non-Professional Studies) student, the student’s Saint Louis University Scholarship eligibility will terminate without appeal. A scholarship student who submits a Scholarship Deferment Request will be notified timely of its result.

Students are also encouraged to contact their academic advisor for specific information/procedure regarding a leave of absence with Saint Louis University.

Students who cease at least half-time enrollment may be required to start repayment of their student loans. Parents whose student ceases at least half-time enrollment may be required to start repayment of the Parent PLUS loan. Please contact your lender for further details and repayment/deferment options.

LOAR
For a scholarship student to apply for a Saint Louis University Scholarship Deferment, the student must complete the steps outlined below, and upon completion, submit this signed document to the Office of Student Financial Services along with the required supporting documentation.

***Upon receipt of this document, it will be reviewed timely by the Scholarship committee, after which you will be informed of their decision.

STEP ONE: If a Scholarship Deferment is granted to you, when do you wish to leave?
Term/Semester: ______________________ Year:  __________

If a Scholarship Deferment is granted to you, when is your anticipated re-enrollment to fulltime, undergraduate status?
Term/Semester: ______________________ Year:  __________

STEP TWO: Indicate the reasons and/or mitigating circumstances for requesting this Scholarship Deferment. Provide details below in the space provided.

____ Internship _______ Medical
____ Study Abroad Program _______ Other

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STEP THREE: Provide Documentation

-For all reasons: A copy of the approved Leave of Absence form from the department.

-For medical: in addition to requirement above, provide a letter from your doctor/counselor/therapist.

Student’s Signature ___________________________________________ Date ____________________

Office use only: □ Approved ___________/Date: _____________ □ Denied ___________/Date: _____________