STUDENT FINANCIAL SERVICES

One Grand Blvd. Phone: 314-977-2350
DuBourg Hall, Room 121 Fax: 314-977-3437
Saint Louis, MO 63103 Email: SFS@SLU.edu

2016-2017 Appeal for Termination of Federal, State, and University Scholarship/Financial Aid Eligibility

Student’s Name________________________________SLU ID Number________________

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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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.

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

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

Anticipated Graduation Date: ______ semester ______ year

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___________________________________________  ______________________
Print Name         Signature

Faculty Mentor or Academic Advisor’s Signature   Date
✓ Advisor’s signature signifies that a written academic plan is approved and in place.

___________________________________________  ______________________
Student’s Signature       Date

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

Saint Louis University
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DuBourg Hall, Room 121
St. Louis, MO 63103
(314) 977-2350  sfs@slu.edu