2017-2018 Appeal for Termination of Federal, State, and University Scholarship/Financial Aid Eligibility

Student's Name________________________________SLU ID Number________________

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
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

- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________
- __________________________________________________________________________

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 ___________

NOTE: Signatures must be handwritten. Computer fonts not acceptable

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

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