

# SAINT LOUIS UNIVERSITY™

## STUDENT FINANCIAL SERVICES

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## 2019-2020

# Undergraduate Scholarship Deferment Request

(Applicable to Fall 2019 / Spring 2020)

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](http://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.

#### **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.
- If you are completing this form and the semester for which you are requesting a leave has already begun or has ended, please send an email of appeal to the Coordinator of Scholarships at: [sfs@slu.edu](mailto:sfs@slu.edu).
- 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.

Student's Name \_\_\_\_\_ SLU Banner ID Number \_\_\_\_\_

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

**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**

NOTE: Signatures must be handwritten. Computer fonts not acceptable

\_\_\_\_\_  
**Date**

Upon receipt of this document it will be reviewed timely by the Coordinator of Scholarships and you will be informed of the decision by email to your SLU email address.

**Office use only:**  **Approved** \_\_\_\_\_ /Date: \_\_\_\_\_  **Denied** \_\_\_\_\_ /Date: \_\_\_\_\_