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.

✓ 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.

• 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.

LOARQ
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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**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 _______________________
NOTE: Signatures must be handwritten. Computer fonts not acceptable

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: __________