2019-2020 Appeal for Termination of Federal, State, and/or University Scholarship/Financial Aid Eligibility

Student’s Name________________________________SLU ID Number________________

Section #1: Student Appeal Statement (regardless of appeal reason please initial by each checkmark )

✓ _____ LIMIT 500 words. Provide a clear and concise statement as to 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(s) (regardless of appeal reason please 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, however it should be in bulleted format.

✓ _____All documents should include your name and Banner ID.

Anticipated Graduation Date: ______ semester ______ year

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Section #3: Signatures

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Date</th>
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Faculty Mentor or Academic Advisor’s Signature
✓Advisor’s signature signifies that a written academic plan is approved and in place.

<table>
<thead>
<tr>
<th>Student’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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 119
St. Louis, MO 63103
Email: sfs@slu.edu