



2021-2022 Unusual Enrollment History (UEH) Appeal Form

Student's Name _____ SLU Banner ID Number _____

Based on information received from the U.S. Department of Education, an evaluation of your academic record was required due to your enrollment and receipt of Federal Pell Grant and/or Federal Direct Loan funds at multiple institutions. Because you failed to earn credit during your previous enrollment, Saint Louis University (SLU) has determined that you are not eligible to receive Federal Student Aid, which includes the Federal Pell Grant, Federal Supplemental Education Opportunity Grant, Federal Work-Study, Federal Direct Loans and Federal Direct PLUS Loans. You have the option to appeal this decision by submitting this fully completed form, your letter of appeal and relevant supporting documentation.

You must submit all of the following for your appeal to be considered:

1. Your letter of appeal, which must include all of the following:

- a. A detailed explanation for your failure to earn academic credit during the academic terms you attended in the following academic years: 2017-18, 2018-19, 2019-20 and 2020-21. Your explanation should include why you did not successfully complete (with passing grades) all of your attempted coursework (including dates).
- b. A detailed explanation of how the circumstances that contributed to your failure to earn academic credits have since changed or been resolved. Include the steps you will take to insure your successful academic progress in the future.

2. Relevant documentation to support your appeal (e.g. medical claims/statements, police reports, copy of death certification/obituary, signed statement from a non-related third party such as a clergy member, counselor, or other professional).

Certification and Signature – initial on each line and sign and date at the bottom.

_____ I understand that submission of this form does not mean my federal student aid eligibility will be reinstated. My appeal will be reviewed by a student financial services committee who will send notification of the committee decision within 14 calendar days to my SLU email address. I further understand this decision is final and not appealable to another agent of SLU, nor the U.S. Department of Education

_____ I understand that failure to submit documentation to adequately support this appeal will result in denial.

_____ I understand that if the appeal is denied I can request reinstatement of my financial aid eligibility after grades have been posted for at least 6 credits at SLU that I pay for without any financial aid IF grades for all completed courses are a C or higher.

_____ I understand that if this appeal is approved, I may have enrollment or other required stipulations outlined in an Academic Plan which must be adhered to in order to remain eligible for Federal Student Aid.

I certify all submitted information is true and correct. If asked by the student financial services committee, I agree to provide additional proof of the information provided. I understand that purposely providing false or misleading information may result in denial of aid, fines and imprisonment.

Student Signature _____ Date _____

NOTE: Signatures must be handwritten. Computer fonts not acceptable