



**Appeal of Termination of
Federal Financial Aid Eligibility**

Student's Name _____ SLU ID Number _____

APPEAL PROCESS

- A student has the right to appeal this termination of Federal 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 top left 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 (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.

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

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Section #3: Signatures

_____ | _____ | _____
Print Name Signature Date

Faculty Mentor or Academic Advisor's Signature

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