# SAINT LOUIS UNIVERSITY...

### STUDENT FINANCIAL SERVICES

One Grand Blvd. Phone: 314-977-2350
DuBourg Hall, Room 119 Fax: 314-977-3437
Saint Louis, MO 63103 Email: SFS@SLU.edu

# Appeal for Termination of Federal Financial Aid Eligibility

1 of 2

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.
$\checkmark$	You may attach additional pages and/or documentation.
✓	Documentation is required for medical condition(s) and family/friend death(s).
$\checkmark$	SLU Transcripts are <u>not</u> 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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	<del></del>

Continue to page 2

·				it should be in bulleted forma
/All docui	ments should inc	clude your name and	Banner ID.	
cipated Gradua	tion Date:	semester	year	
tion #3: Signa	tures			
Name	I	Signature	1	I Date
		dvisor's Signatu written academic plan		ee.
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Section #2: Student Corrective Action(s) (regardless of appeal reason please initial by each checkmark)

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