

Appeal of Termination of
Federal Financial Aid Eligibility

1 of 2

Student's Name _____ SLU ID Number _____

Return this document to _____

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 late federal aid will require

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,
- ___ 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 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