



**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 appeal and supporting documentation to the Office of Student Financial Services using the contact information at the end of this form.
- 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.

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**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: TWO Signatures required**

\_\_\_\_\_  
Print Name Faculty Mentor/Academic Advisor 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: [finaidappeal@slu.edu](mailto:finaidappeal@slu.edu)