

# Appeal for Termination of Federal Financial Aid Eligibility

1 of 2

Student's Name \_\_\_\_\_ SLU ID Number \_\_\_\_\_

## **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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