Office of Student Financial Aid
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St. Louis MO 63121-4499
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SATISFACTORY ACADEMIC PROGRESS APPEAL APPLICATION

Purpose of this Form: This form is to be completed if you wish to appeal a suspension of financial aid.

Documentation: No action will be taken on any appeal which does not have documentation attached. Documentation consists of letters, photocopies of bills or official reports, or other information from third-party sources which support your case.

Instructions: Answer the questions below completely. Be specific. Inability to master the course work is not an acceptable reason for poor grades and/or failing grades is not an acceptable reason for withdrawal from classes for financial aid purposes. Only those unforeseen events beyond the student's control are acceptable (i.e.: illness or medical problems, death in family, etc.).

Name _____ Student ID# _____

Address _____

City _____ State_____ Zip_____

Phone Number _____

Degree Objective:_____Hours needed to complete degree: _____

Anticipated Graduation Date:_____

Have you submitted a previous appeal? If yes, what year? _____

1) I request that my eligibility for financial aid for the (indicate semester e.g. fall 2006)
   Fall _____ Spring _____ Summer _____

2) Reason applying for appeal.
   ☐ Did not meet the GPA Requirement.
   ☐ Did not meet the Hours Completion Requirement
   ☐ Have exceeded the Maximum Hours Limitation Requirement. Please attach copy of your Degree Audit.
   ☐ Completed hours using own funds and improved academic record.

3) State reason for lack of academic progress. (Why were you unable to complete all the required hours on which your aid was based and/or why were you unable to achieve the minimum required grades.) Please attach appropriate documentation.

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4) What corrective measures have you taken to assure satisfactory academic progress in the future?

I understand that decisions on appeals are processed on a case by case basis. If approved, I will be expected to make academic progress in the semester for which my appeal has been approved. I have read the UM-St. Louis Bulletin concerning satisfactory progress requirements. I understand the completion of this application does not constitute an approval of my appeal. I will be notified of the committee's decision by mail at the address listed with the university. Any fees I may owe the university are due on the date specified regardless of the status of my appeal.

Signature

Date