SIU SOUTHERN ILLINOIS UNIVERSITY
CARBONDALE FINANCIAL AID

FINANCIAL AID OFFICE
STUDENT SERVICES BUILDING
MAIL CODE 4702
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CARBONDALE, IL 62901

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FAO@SIU.EDU
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# UNDERGRADUATE SATISFACTORY PROGRESS APPEAL FORM

Student Name: _____ ID#: _____

E-mail: _____ Current Phone #: _____

Term Requesting Override: Fall ☐ Spring ☐ Summer ☐

Please complete and submit to the Financial Aid Office or to fao@siu.edu

A. Statement of Extenuating Circumstances *(Please attach additional page(s) if necessary)*

Student Signature: _____ Date: _____

For FAO Use Only

Ineligible Status: _____GPA Rule ____67% Rule ____Max Hrs Rule

GPA: _____ Percentage: _____ Total Attempted Hrs: _____

Decision: (circle one) Denied Approved Need Add'l Information: _____

Comments on Conditions (Enter on RHACOMM):

_____

_____

Checked/Entry: SHATERM _____ ROASTAT_____ Date Reviewed: _____