

UNDERGRADUATE SATISFACTORY PROGRESS APPEAL FORM

ID#: _____

FINANCIAL AID OFFICE
STUDENT SERVICES BUILDING
MAIL CODE 4702
1263 LINCOLN DRIVE
CARBONDALE, IL 62901

Student Name:

618/453-4334 FAX: 618/453-7305 FAO@SIU.EDU FAO.SIU.EDU

E-mail:		Curre	ent Phone #:	
Term Requesting Override:	Fall	Spring	Summer	
Please complete and submi	it to the Financial Aid Offi	ce. Return forms via our s	secure document upload at fao.siu.edu	
violence and encourages full sexual harassment, sexual m	and open expression by stuisconduct, dating violence, n SIU's Office of Equity and	idents. If your submission of domestic violence, or stalkin Compliance to discuss repo	ity responds to any reported disclosures re contains information related to past or prese ng, our staff are mandated reporters of such orting options and available support resource	ent sexual assault, h information. You
A. Statement of Extenuating (Circumstances (Please atta	ch additional page(s) if nece	essary)	
Student Signature:			Date:	