

SOUTHERN ILLINOIS UNIVERSITY

FINANCIAL AID OFFICE

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STUDENT SERVICES BUILDING -MAIL CODE 4702
SOUTHERN ILLINOIS UNIVERSITY
1263 LINCOLN DRIVE
CARBONDALE, IL 62901

618/453-4334

FAO.SIU.EDU

UNDERGRADUATE SATISFACTORY PROGRESS APPEAL FORM

Student Name: _____

ID#: _____

E-mail:

Current Phone #:

Choose semester: Fall_____ Spring_____ Summer_____ Academic Plan Locked by Adviser in Degree Works

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: _____

NO computer fonts or digital signatures

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: