

MCKENDREE UNIVERSITY
APPEAL FOR SCHOLARSHIP EXTENSION OR REINSTATEMENT

Academic Appeal Year _____ Type of Academic Scholarship _____

Semester of Appeal: Fall _____ Spring _____

Name _____ Student ID # _____

Campus Address _____

Telephone # _____

Off-campus Address (commuters/off-campus housing) _____

Telephone # _____ McKendree Email Address: _____

Anticipated Graduation Date _____ Semester hours needed to complete graduation requirements _____

GPA _____ Year in College _____

Major(s) _____ Minor(s) _____

Please explain the reason for appeal. Be sure to include a detailed explanation of any unusual circumstances which you feel affected your academic performance. Use an additional sheet if necessary.

_____ Student Signature

_____ Date

_____ Committee Approved

_____ Committee Denied

_____ Director of Financial Aid

_____ Date
OFA-ACADSCHOLAPPEAL