

22-23 Appeal for Scholarship Extension or Reinstatement

Name: Student ID #:		Student ID #:
Campus Address:		
Telephone #:	McKendree En	nail Address:
		pe of Academic Scholarship:
Semester of Appeal: Fall		
Anticipated Graduation Date:	Semester hours	s needed to complete graduation requirements:
GPA:	Year	in College:
		linor(s):
		le a detailed explanation of any unusual circumstances se an additional sheet if necessary.
Student Signature		Date
OFFICE USE ONLY -		
Commit	tee Approved	Committee Denied
Director of Financ	 ial Aid	