Appeal for Scholarship Extension or Reinstatement

Name:_____ Student ID #: _____

Campus Address: _____

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

Telephone #: _____ McKendree Email Address: _____

Academic Appeal Year:_____Type of Academic Scholarship: _____

Semester of Appeal: Fall _____ Spring _____

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.

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_____ _____

Student Signature Date

OFFICE USE ONLY -

_____ **Committee Approved** ____ **Committee Denied**

_____ _____

Director of Financial Aid **Date**