



OFFICE OF FINANCIAL AID
NON-SATISFACTORY PROGRESS APPEAL
Graduate Student

STUDENT INFORMATION

Form fields for student information: FIRST, MIDDLE INITIAL, LAST, MCKENDREE ID#, STREET ADDRESS or PO BOX, EMAIL ADDRESS, CITY, STATE, ZIP CODE, HOME PHONE

You may use this form to request a reevaluation of your ineligibility for financial aid based on insufficient progress toward a degree. Appeals and supporting documentation are due as soon as possible, but no later than one week before classes are scheduled to begin.

NON-SATISFACTORY PROGRESS DUE TO LOW GPA OR COMPLETION RATE

- Extenuating Medical Circumstances - Attach a detailed letter of explanation and have your health care professional complete and sign at the bottom of this form.
Extenuating Personal Circumstances - Attach a detailed letter of explanation and supporting documentation.
Death in the immediate family - Please attach a photocopy of the death certificate or copy of obituary with a detailed explanation.

NON-SATISFACTORY PROGRESS DUE TO MAXIMUM TIME-FRAME

- Attach a detailed explanation regarding your circumstances and include a copy of your program evaluation. You must include your anticipated completion date/term.

For extenuating medical circumstances only:

HEALTH CARE PROFESSIONAL'S STATEMENT

The McKendree University Office of Financial Aid is reviewing the above named student's financial aid file and additional information is required. Please attach a letter explaining why the above named student was medically unable to attend class.

Can the above named student return to McKendree University for the upcoming semester?
Yes No

If yes, then Full-time Part-time

Form fields for health care professional statement: HEALTH CARE PROFESSIONAL SIGNATURE, DATE, PRINT NAME, PHONE NUMBER, HOSPITAL/MEDICAL CENTER NAME

ACADEMIC PLAN

Complete this section by listing the required coursework you plan to take to complete your degree on time.

FALL 20__	Hrs	SPRING 20__	Hrs	FALL 20__	Hrs	SPRING 20__	Hrs
Total Hrs. for semester		Total Hrs. for semester		Total Hrs. for semester		Total Hrs. for semester	

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Total Hrs. for semester		Total Hrs. for semester		Total Hrs. for semester		Total Hrs. for semester	

*******ALL STUDENTS MUST PROVIDE A COPY OF THEIR PROGRAM EVALUATION*******
 You can easily obtain your [program evaluation](#) by printing it from WebAdvisor.

CERTIFICATION STATEMENT

I have enclosed a letter of explanation addressing the circumstances preventing me from completing my deficient credits, maintaining a 3.0 GPA, or completing my program in a timely manner. **My attached explanation details what will be different about the upcoming semester and how I will be able to complete my courses. I also understand the academic plan must be followed as listed above along with maintaining satisfactory academic progress each semester. If not, I will be placed on Financial Aid Suspension and lose all financial aid eligibility in future semesters.** I understand I will be notified by mail of the final decision at the address provided above.

STUDENT SIGNATURE

DATE

ADVISOR SIGNATURE

DATE

Complete and return this form with supporting documentation to:

McKendree University
 Office of Financial Aid
 701 College Road, Lebanon, IL 62254
 PHONE: 618-537-6828 FAX: 618-537-6530

OFFICE USE ONLY:

Approved: _____ Denied: _____

Comments: _____