McKENDREE UNIVERSITY

OFFICE OF FINANCIAL AID
NON-SATISFACTORY PROGRESS APPEAL

STUDENT INFORMATION

_____   _____
FIRST   MIDDLE INTIAL   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. Appeals and supporting documentation received by the Office of Financial Aid after the deadline and after classes have begun require a course schedule with instructor's names. The instructor for each course will be contacted to confirm you are attending and participating in class. If the appeal and supporting documentation is received by the Office of Financial aid after grades have been assess those grades will be considered when determining your financial aid eligibility.

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**

_____   _____
HEALTH CARE PROFESSIONAL SIGNATURE   DATE

_____   _____
PRINT NAME   PHONE NUMBER

_____
HOSPITAL/MEDICAL CENTER NAME

OVER ➡

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	

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	

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	

*****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 2.0 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**
(Clarissa Melvin, Director of the Academic Support Center, or Jenni Miller, Director of Student Success and Retention, may sign in place of advisor.)

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: _____