

Appeal of Termination of  
Federal Financial Aid Eligibility

1 of 2

Student's Name \_\_\_\_\_ SLU ID Number \_\_\_\_\_

Return this document to \_\_\_\_\_

**Section #1: Student Appeal Statement** (regardless of appeal reason please initial by each checkmark)

\_\_\_\_\_ **LIMIT 500 words.** Provide a clear and concise statement as to what caused the late federal aid will require

