FINANCIAL AID OFFICE
NON-SATISFACTORY PROGRESS APPEAL

STUDENT INFORMATION

FIRST  MIDDLE INITIAL  LAST  Webster University 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. Please keep in mind the Financial Aid Office will review your information after your ineligibility status is official.

NON-SATISFACTORY PROGRESS DUE TO LOW GPA OR COMPLETION RATE

☐ Extenuating Medical Circumstances – Attach a detailed 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 Webster University Financial Aid Office 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 Webster 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
ACADEMIC PLAN

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

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*****ALL STUDENTS MUST PROVIDE A COPY OF THEIR DEGREE AUDIT*****

You can easily obtain your degree audit by printing it from your Webster Connections Account.

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

Complete and return this form with supporting documentation to:

Webster University Financial Aid Office, 470 E. Lockwood Ave., St. Louis, MO 63119
Phone: (314) 968-6992 or 1-800-983-4623 Fax: (314) 968-7125 E-mail: fincaid@webster.edu

OFFICE USE ONLY

___APPROVED  COMMENTS:
___DENIED