



# 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**