



Student Financial Aid

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Satisfactory Academic
Progress: Request for
Review of Denied Appeal
REQREV

I wish to be reinstated to receive financial aid beginning (check one): Fall Spring Summer 20____

Name _____ Univ. ID # _____

Street Address _____ City, State, Zip _____

Phone _____ Email _____

I am providing ADDITIONAL INFORMATION TO SUPPORT MY APPEAL; I would like the Appeals Committee to review the additional information. Please provide explanation of what additional information has been provided:

I am providing INFORMATION ON A CHANGE IN MY SITUATION SINCE MY APPEAL WAS REVIEWED by the Committee; I would like the Appeals Committee to review this information. Please provide explanation of what change has occurred in your situation since last appeal was reviewed:

I do not have further information for the Appeals Committee, my appeal has been denied twice by the committee, but I do not agree with their decision.

PLEASE GIVE MY APPEAL TO THE DIRECTOR OF FINANCIAL AID to review with the Assistant Vice Chancellor for Enrollment Management.

(Attention Financial Aid Advisor, if a student is submitting this form and has marked the third box, please be sure they have had two previous denied request.)