



Southern Illinois University Edwardsville
 Student Financial Aid, 2308 Rendleman
 Edwardsville, Illinois 62026-1060
 (618) 650-3880 fax: (618) 650-3885
 finaid@siue.edu www.finaid.siue.edu

Satisfactory Progress: Request for Review

satp1,2,3

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

Name _____ univ.ID# _____
 (Print: Last, First, Middle)

Street Address _____ City, State, Zip _____

Home phone _____ Work phone _____ Email _____

I. Grade change

- I have completed a course for which I previously had an incomplete grade. Please review my record.
- I have had a change in a course grade that will affect my financial aid status. Please review my record

II. OTHER (but NOT "Returning From Academic Suspension" or "Second Review of Denied Appeal")

- I have attached a statement explaining my situation.

For Office Use Only

Student. has earned ____ of ____ attempted hours credit at SIUE.

Completion rate: ____% Cum GPA: _____

Will be ____ probation for ____ term.