



Student Financial Aid
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 Edwardsville, IL 62026-1060
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 Email: finaid@siue.edu Homepage: www.siue.edu/financial-aid

Satisfactory Academic
 Progress: Request for
 Review of Denied Appeal
 REQREV

Student Name _____ Univ. ID # _____

Street Address _____ City/ State/ Zip _____

Phone _____ Email _____

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

AFTER FIRST DENIED APPEAL (Select one of two options below) –

1. 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 and the applicable third-party supporting documentation:

2. 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 and the applicable third-party supporting documentation:

AFTER SECOND DENIED APPEAL –

My appeal has been denied twice by the committee. I do not agree with their decision.
PLEASE GIVE MY APPEAL TO THE VICE CHANCELLOR OF ENROLLMENT MANAGEMENT to be reviewed.

(Attention Financial Aid Advisor: If a student is submitting this form and has marked the third box, please be sure they have two previously denied requests.)

_____ Required Student Signature	_____ Date
<i>If typed/electronic signature is submitted, this form will be considered incomplete and financial aid will be delayed.</i>	

For office use only: