



**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 signed detailed letter of explanation and have your health care professional complete and sign at the bottom of this form.

Extenuating Personal Circumstances – Attach a signed 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

OVER →

ACADEMIC PLAN

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

SUMMER 20__	FALL 20__	SPRING 20__	SUMMER 20__

FALL 20__	SPRING 20__	SUMMER 20__	FALL 20__

SPRING 20__	SUMMER 20__	FALL 20__	SPRING 20__

******* 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: financialaid@webster.edu

OFFICE USE ONLY	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	COMMENTS: