

**STUDENT FINANCIAL ASSISTANCE**

6525 North Sheridan Road  
Sullivan Center Room 190  
Chicago, Illinois 60626  
Phone: 773.508.7704 Fax: 773.508.3397  
Scan completed form and E-mail to [finaidforms@luc.edu](mailto:finaidforms@luc.edu)



*Preparing people to lead extraordinary lives*

**2009–2010 SATISFACTORY ACADEMIC PROGRESS APPEAL**

**Student Name:** \_\_\_\_\_  
(Please print)

**Loyola ID:** \_\_\_\_\_  
(Your 11-digit Loyola ID number begins 0000.)

**Current Mailing Address:** \_\_\_\_\_

**Planned Graduation Date:** \_\_\_\_\_ **Current Class Level:** \_\_\_\_\_

**Current Degree:** \_\_\_\_\_

**Have you utilized the Learning Assistance Center in the last year? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**How many times? (Estimated)** \_\_\_\_\_

Please explain the circumstances that resulted in your deficiency with the Satisfactory Academic Progress policy, how these circumstances impacted your studies and your plan to rectify the deficiency (attach additional sheets as needed).


**Please forward this appeal form to:**  
Edward R. Moore  
Scholarship Director  
Office of Student Financial Assistance  
6525 N. Sheridan Road  
Chicago, IL 60626  
Phone: 773.508.7704 Fax: 773.508.3397

*Attach copies of all relevant documents supporting your appeal.*



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