ARRUPE SCHOLARSHIP APPEAL
Arrupe College of Loyola University Chicago

This form relates to Arrupe Scholarship. Student who are filing to retain state and federal must complete the Satisfactory Academic Progress (SAP) appeal found at www.LUC.edu/finaid/forms

In order to be reconsidered for financial aid, students who are not meeting the terms of their Arrupe Scholarship Agreement must submit an appeal with all necessary documentation

Appeal should include all of the following:

1. The student’s most recent Academic Improvement Plan (effective for the coming term).
2. An attached statement describing the specific reason(s) beyond your control (events and/or circumstances) that directly contributed to the lack of meeting the satisfactory academic progress requirements. Specific dates of the events (in cases of illness, accidents, etc.) should be included. If the reasons for the lack of meeting the academic requirements developed over the course of several terms (or academic years), you should explain all circumstances that have contributed to not meeting the minimum requirements.
3. Documentation to support your appeal (e.g. medical billing statement as proof of illness, etc.).
4. Signature by academic advisor/faculty mentor confirming a discussion of a plan of corrective action has taken place (see below).

Please list the documents you have attached to support your appeal:

1. Academic Improvement Plan (AIP)
2. Student statement
3. ___________________________________________________________________
4. ___________________________________________________________________

For Academic Advisor to complete:

I have met with (name of student)________________________ and we have discussed a plan for corrective action regarding her/his academic progress. The written plan is included in this appeal.

Advisor Name (please print)________________________ Title________________________

Signature________________________ Date ____/____/____

Certification Statement:

All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form.

___________________________________________________________________ ____________________

Student Signature        Date

Submit to www.ArrupeAcademicAffairs@luc.edu