



Financial Aid Office
900 N Benton Avenue
Springfield, MO 65802
Phone: 417-873-7312
Fax: 417-873-6909

Appeal Form

This form must be completed in its entirety before your appeal will be reviewed.

Date: _____

Name: _____ Drury ID # _____

Street Address _____

City, State & Zip _____

Home: _____ Work: _____

Cell: _____ e-mail: _____

Day School: _____ Evening School: _____ Graduate School: _____

Campus I Attend: _____

Please indicate the **semester** for which you are requesting financial aid:
(Appeals can only address one semester at a time)

Spring

Summer

Fall

Situation being appealed: **(please circle all applicable situations)**

Repeat Classes

Probation

Lack of Academic Progress

Office Use:

GPA

Probation:

Repeat:

Progress:

OVER

Please explain *in detail* the circumstances that occurred, making this appeal necessary. NOTE: STUDENT MUST ATTACH SUPPORTING DOCUMENTATION THAT FURTHER EXPLAINS OR SUPPORTS THE APPEAL.

Please explain *in detail* the circumstances that have changed which will ensure success in the upcoming semester.

Signature: _____ Date: _____

Please fax your completed appeal form to our office or mail it to the following address. An incomplete appeal form and/or mailing it to a satellite campus will delay your financial aid.

*Attn: Financial Aid
Drury University
900 North Benton Avenue
Springfield, MO 65802
FAX: (417) 873-6909*