Financial Aid Appeal Form

In order to ensure your appeal is reviewed before payments are due, all documents must be submitted by the priority deadline. Any appeals submitted after this date may not be reviewed before your first payment is due, and you may subsequently be charged.

No appeals will be reviewed after the last day of the semester.

Please type, print, sign and return to the Financial Aid Office.

Date: __________  Name: _________________________________  Drury ID# ____________

Street Address: ___________________________________________________________________________

City, State & Zip: ____________________________________________________________________________

Phone: ___________________  Drury email: ______________________________________________________

Day School: ____  CCPS: _____  Campus I Attend: _________  Graduate School: __________

**Appeals can only address one semester at a time.**

Indicate the next semester you are attending:

Spring ____  Summer______  Fall ______

In addition to explaining your extenuating circumstances, you must contact your academic advisor and request they submit the following items directly to the Financial Aid Office:

- A statement from your academic advisor
- An academic plan signed by your academic advisor

Signature:_________________________________________________________  Date:________________

Fax: 417-873-6909   E-mail: appeal@drury.edu   Mail: Attention: Financial Aid  
Drury University  
900 N Benton  
Springfield, MO 65802
Please explain in detail the extenuating circumstances making this appeal necessary. You must also attach documentation supporting your explanation.

Example: car accident – you must submit a police report or insurance claim.

______________________________________________________________________________

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Please provide an explanation of the corrective measures you have taken to ensure academic success in the future:

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Financial Aid Appeal Statement from Academic Advisor

Name of Student: ______________________________ Drury ID#: __________

Statement:
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Academic Advisor: __________________________________________ Date: _______

Please scan and return by email along with a copy of student’s Academic/Degree Plan with your Statement

E-mail to: Appeal@drury.edu
<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Number/Title</th>
<th>Location</th>
</tr>
</thead>
</table>

**Academic Plan**

Name: ____________________________
Degree of Study: __________________