*Financial Assistance*

# Academic Progress Petition

Deadlines: Petitions should be submitted 14 days prior to the beginning of a semester. The completion of this petition form requires:

1. Submitting a written explanation of your situation, your academic plan or career goals and why approval of the petition should be granted.
2. Attaching supporting documents that verify your situation. (For example, attaching medical bills for hospitalization that occurred during the trimester, or a signed statement from a doctor on his/her letterhead.)

**IF NO DOCUMENTS ARE PROVIDED, YOUR PETITION WILL BE DENIED.**

The Financial Review Committee will review your petition form. The types of situations that will warrant the consideration of a petition are hospitalization, a death in the family, chronic illness, other crisis situations, or unusual circumstances.

Name_____SS#_____
(Last) (First)

Address_____

Phone ( )_____

() I am completing this petition form so that I may be **reconsidered** for financial aid for FALL/SPRING (circle one) semester during the _____ academic year.

() Please provide a name of an individual who can attest to your academic work (i.e., faculty member, advisor)._____

() Please state your anticipated graduation date:_____

() Have you petitioned before? () Yes () No If yes, when? _____

Have your received financial aid at Saint Luke's College of Health Sciences before?_____
If yes, when?_____

Please continue on the reverse side of this form.

## OFFICE USE ONLY

Conditions of approved petition: Approved Denied

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I attest that this information is true and accurate. I understand that any falsified information will result in denial of this petition form.

Signature_____Date_____

NOTE: Failure of the student to familiarize himself/herself with published information regarding deadlines and official College policies is not a valid reason for the submission of a petition form.

**IN THE CASE OF PETITION DENIAL, YOU ARE RESPONSIBLE FOR ALL FINANCIAL OBLIGATIONS TO SAINT LUKE'S COLLEGE**