



LA ROCHE UNIVERSITY

2024-25 Academic Progress Appeal Form

Student Name: _____ SSN or ID: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Please answer the following questions as completely as possible and return the form to the Financial Aid Office within two weeks. Please type or print legibly.

What circumstances have led to your academic difficulties at La Roche University for the past two semesters?

What has changed that will allow you to demonstrate satisfactory academic progress by the end of the next semester? Provide specific information about evidence of improved skills and/or changes in life circumstances in areas such as health, family situations, finances, employment, etc.

Have you taken any medical withdrawals in the past? No Yes – Which semester? _____

What semester are you appealing financial aid for? Fall Spring Summer

How many credits are you planning to register for? _____

What is your intended major? _____

What is your expected graduation date? _____

Student Signature: _____ Date: _____

Students will be notified in writing of the appeal decision approximately two weeks from when this form is received.