FIRST	MIDDLE INTIAL	LAST	Webster University ID#
	STREET ADDRESS or PO BOX	x	EMAIL ADDRESS
CITY	STATE	ZIP CODE	HOME PHONE
progress towa			ibility for financial aid based on insufficient Aid Office will review your information after
NON-SATISF	ACTORY PROGRESS D	UE TO LOW GPA OR (COMPLETION RATE
Extenuating health care] professional complete ar	•	ailed letter of explanation and have your this form.
documenta	tion.	Attach a signed d	letailed letter of explanation and supporting
with a detai	– Pl led explanation.	ease attach a photocop	y of the death certificate or copy of obituary
Attach a de			and include a copy of your

The Webster University Financial Aid Office is reviewing the above named student's financial aid file and additional information is required. Please attach a letter explaining why the above named student was medically unable to attend class.

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