FINANCIAL AID PETITION
For Students on Academic Probation
Willamette MBA - Atkinson School

Full Name: ______________________________ Willamette ID #: __________________________
(Please Print)

Credits registered for last semester: ________________ Credits completed: ________________

Credits registered for next semester: ________________ Current GPA: ______________________

Explain (attached copy accepted) reason(s) why you did not meet the academic requirements at Atkinson:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Present (attached copy accepted) your plan to regain good academic standing at Atkinson during the Spring, 2014 semester. This will need to be reviewed and signed by Judy O’Neill.
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Student Signature ______________________________ Date __________________________

Dean’s Signature: ______________________________ Date: __________________________

This form may be emailed to Katy O’Neil, Senior Financial Aid Counselor at koneil@willamette.edu

OFFICE USE ONLY

Action Taken: _______________________________________________________________________

Signature ______________________________ Date __________________________
(Financial Aid Officer)

RETURN TO:

Willamette University
Office of Financial Aid
900 State St.
Salem, OR 97301