



STUDENT FINANCIAL SERVICES
1900 West Olney Avenue
Philadelphia, PA 19141-1199
Phone: 215.951.1070 Fax: 215.951.5098
www.lasalle.edu sfs@lasalle.edu

2026-2027 Academic Progress Waiver

Student's name: _____ La Salle University ID#: _____

You have been granted an academic progress waiver for financial aid for one semester on a conditional basis. In order to receive aid in the following semester, you must receive a grade of C or better in each course that you complete during the semester for which this waiver has been granted.

You will not receive aid in the following semester if you

- withdraw from any course,
- receive an incomplete grade, or
- receive a grade below C

This is a one-time academic progress waiver. In order to receive financial aid in the future, you must maintain satisfactory academic progress. Please sign below if you agree to the conditions of this waiver.

Student Signature: _____

Date: _____

To send documents via a secure link: <https://sendsecure.xmedius.com/r/2ba96822f2104ad2b79dbba706c3d788>

For office use only

Approved by: _____

Semester waiver granted: _____

Date: _____