REQUEST FOR FINANCIAL AID ACADEMIC PROGRESS WAIVER

INSTRUCTIONS: This form is to be used to appeal a denial for federal or state financial aid for failure to meet financial aid satisfactory academic progress standards. Any student who wants to appeal the decision must complete all questions below and submit this form with all required documentation to the Student Service Center.

IMPORTANT: All documentation will remain confidential unless you permit otherwise.

1. What was the last semester you attended SUNY Canton: ____________________________

2. Which semester do you want this waiver request to apply for:  ■ Fall  ■ Spring  ■ Summer

3. What type of aid do you want to use this waiver for?  ■ Federal (Pell Grant, Student Loans)  ■ New York State (TAP Grant, APTS)

4. Have you ever been granted an academic progress waiver at SUNY Canton or any other institution in New York State?  ■ Yes  ■ No

5. Have you completed any coursework since you last attended SUNY Canton?  ■ Yes  ■ No
   If yes, list each college name and the number of credits taken below:

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<th>Name of College</th>
<th>Number of Credits taken</th>
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6. THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH THIS REQUEST:
   a) A letter from yourself explaining the extenuating circumstances that caused your lack of academic progress to occur. PLEASE BE SPECIFIC. Your letter and documentation need to explain the extenuating circumstances that were beyond your control and how these circumstances have been resolved so they will not affect your future academics.
   b) Documentation from a reliable third-party (doctor, lawyer, counselor, clergyman) that supports your statement of extenuating circumstances and resolution.
   c) Additional documentation from any others that are aware of and can support your statement of extenuating circumstances and resolution.

7. By signing below I understand that I am applying for a one-time waiver of academic progress requirements. I understand that the above documentation is required for a waiver request to be reviewed and that the Financial Aid Office has the right to request additional documentation. I further understand that if this request is for NYS aid programs (TAP, APTS) it is the only waiver I can request as an undergraduate student at any school.

   ____________________________  ____________________________
   Student Signature            Date

   OFFICIAL USE ONLY  ■ APPROVED  ■ DENIED  ■ ADDITIONAL DOCUMENTATION NEEDED

   COMMENTS:

   ____________________________
   Financial Aid Officer:
   ____________________________
   Date: