

Student Name: _____ ID: _____

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 for review.

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

Have you ever been granted a financial aid academic progress waiver at SUNY Canton or any other institution in New York State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed any coursework since you last attended SUNY Canton? If yes, list each college name and the number of credits taken below: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

You must submit all of the following with this form to complete your request:

- 1) A detailed personal statement from yourself explaining the extenuating circumstances that caused your lack of satisfactory academic progress to occur. Your need to explain the extenuating circumstances that were beyond your control and how these circumstances have been resolved so they will not impact your future academics. PLEASE BE SPECIFIC.

Note: Citing issues such as work or extra-curricular commitments or being unaware of deadlines will not result in approval. Waivers will only be considered when students can document extenuating circumstances to the satisfaction of college officials. An extenuating circumstance is something that is beyond your control, such as a personal illness, death or illness of close person, extreme personal stress and other personal circumstances.

- 2) Documentation from a reliable third-party (doctor, lawyer, counselor, clergyman) that supports your statement of extenuating circumstances and resolution.
- 3) Additional documentation from any others that are aware of and can support your statement of extenuating circumstances and resolution.
- 4) 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 understand that if this request is approved, then I may be given conditions to accept as a part of the approval process. This may include submitting an academic plan for success. 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 college.

Student Signature

Date

OFFICIAL USE ONLY <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> ADDITIONAL DOCUMENTATION NEEDED
COMMENTS: _____
<i>Financial Aid Officer:</i> _____ <i>Date:</i> _____