

Waiver of Eligibility Standards for State Awards

This form must be submitted no later than 4 weeks in to the semester for which the appeal is being made. Appeals received after that date will not be reviewed, and will be returned to the student.

Appeals may be made before the semester begins.

I. To Be Completed By The Student

Student Name: _____ Banner ID: _____

Permanent Address: _____ Local Address: _____

Permanent Home Phone: (____) _____ Cell Phone: (____) _____

School Email Address: _____ Personal Email Address: _____

Semester for Which Waiver is Requested: _____

- Provide a detailed statement regarding the circumstances leading to this request and what has changed that will allow you to make satisfactory academic progress in future semesters. This must be signed and dated.
- Provide any documentation for the circumstances supporting the situation and what has changed (from doctor, counselor, teacher, etc.) The waiver cannot be processed without some form of supporting documentation.

I understand that this is the ONLY semester for which I may exercise this waiver, at any institution, at any level of study. I also recognize that at the end of the above named semester, I must meet the requirements necessary for pursuit of program and satisfactory academic progress before I am eligible to receive additional payments of New York State student financial assistance. I will meet with the Academic Compliance Officer to discuss the feasibility of this requirement. Waivers should not be submitted and will not be approved if state aid eligibility was lost due a violation of the repeat of course policy.

Student's Signature: _____ Date: _____

II. To Be Completed By the Academic Compliance Review Committee

Appeal pending Date: _____

Reason: _____

We have examined the documentation. We **Approve** **Disapprove** a waiver of the academic progress and/or pursuit of program requirements for New York State student financial assistance eligibility due to mitigating circumstances stated above for the _____ semester.

Pursuit of Program Satisfactory Academic Progress

Financial Aid Officer's Signature: _____ Date: _____

Academic Compliance Officer's Signature: _____ Date: _____

14-Jun-16