REQUEST FOR WAIVER OF SATISFACTORY PROGRESS REQUIREMENTS FOR STATE STUDENT FINANCIAL AID

I hereby request that I be permitted to continue to receive State Student Financial Aid during the ____________________ based upon mitigating circumstances described with this appeal. I understand that my eligibility for state aid has been lost because I failed to maintain satisfactory academic progress in my degree or certificate program according to the policy at SUNY Orange.

Your written appeal should contain in detail what the personal and/or medical problem was; when the problem occurred; how it affected your studies; and how the problem has been or is being resolved.

It is MOST important that you submit documentation (doctor’s note, police report, social service report, obituary, etc.) with this request. Lack of written documentation GREATLY REDUCES the chances that you will continue to receive State Student Financial Aid; however you may appeal without documentation.

I understand that at the end of term covered by this waiver, I must meet the GPA, credits accumulated and program pursuit standards according to the published TAP/APTS guidelines.

You may write your appeal below and continue on the back of this form. If you choose to submit your appeal on a separate sheet of paper you still must submit this SIGNED APPEAL FORM with it.
I have read and understand the above statement and have attached any necessary documentation to verify my request.

Student’s Signature: ___________________________ Date: _____________

(FORM MUST HAVE STUDENT’S SIGNATURE TO RECEIVE CONSIDERATION)

Approved _____ / ___________ Denied _____ / ________

(Date) (Date) FAO Signature

Reason:

________________________________________________________________________

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