

## REQUEST FOR FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS WAIVER

This form serves as a waiver for federal and/or state financial aid for students who fail to meet satisfactory academic progress standards. To appeal, complete the questions below and submit with required documentation. Appeals seek reconsideration for circumstances beyond the student's control. For individuals who have taken additional coursework since their last enrollment at SUNY Canton, please reach out to the financial aid office to see how this may affect their satisfactory academic progress.

### STUDENT INFORMATION

Student Name	SUNY Canton ID

**All documentation will remain confidential unless you permit otherwise.**

1. Which type of aid do you want to use this waiver for?
  - Federal (Pell Grant, Student Loans)
  - New York State (TAP Grant, APTS)
  
2. Have you ever been granted a financial aid satisfactory academic progress waiver at SUNY Canton or any other institution in New York State?  Yes  No

**YOU MUST SUBMIT ALL OF THE FOLLOWING DOCUMENTATION WITH THIS FORM TO COMPLETE YOUR REQUEST**

**I agree to submit the following:**

- A detailed personal statement from yourself explaining the extenuating circumstances that caused your lack of satisfactory academic progress to occur. You 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: Instances of poor judgment, academic negligence, or difficulties in adapting to college life are not considered valid grounds for appeal. Some examples of extenuating circumstances are, personal illness, the passing or illness of a close relative, overwhelming personal stress, and other similar personal challenges that were beyond the individual's control.*

- Documentation from a reliable third-party (doctor, lawyer, counselor, clergyman) that supports your statement of extenuating circumstances and resolution
- Additional documentation from any others that are aware of and can support your statement of extenuating circumstances and resolution. (*optional*)

### CERTIFICATION

By signing below,

- I understand I am applying for a one-time waiver of satisfactory academic progress requirements.
- I understand that the above documentation is required for a waiver request to be reviewed and additional documentation may be requested.
- I understand that failure to submit acceptable documentation will result in denial of this waiver.
- I understand that if this request is approved, 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