

Enter your JCC ID: J \_\_\_\_\_  
 SAP WAIVER



**REQUEST FOR WAIVER OF SATISFACTORY  
 ACADEMIC PROGRESS REQUIREMENTS**

**Student Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

We understand that unexpected and challenging life events can impact a student’s academic performance. If you have lost financial aid eligibility due to not meeting the minimum Satisfactory Academic Progress (SAP) requirements, you may be eligible to submit a waiver (appeal) for consideration.

Waivers may be granted if the loss of eligibility was due to serious, extraordinary, or unusual circumstances. Examples recognized by federal and state agencies include, but are not limited to, a serious illness that prevented completion of coursework or the death of an immediate family member.

**Instructions:**

Students who wish to appeal the loss of their financial aid eligibility must complete this form and attach the required supporting documents by the corresponding deadline. Requests will be reviewed by the Financial Aid and Billing Office on a case-by-case basis.

<b>Fall Deadline: August 17</b>	<b>Spring Deadline: January 13</b>	<b>Summer Deadline: May 18</b>
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- **If approved**, financial aid will be reinstated, with the condition that specific academic requirements be met to maintain future eligibility.
- **If denied**, financial aid will **not** be reinstated, and the student will remain responsible for any charges related to their enrollment.

Once a decision is made, notification will be sent to the student’s JCC student email.

**Section 1: Waiver Request Reason**

1. I am requesting consideration for a waiver of satisfactory academic progress requirements to receive Title IV Federal Aid and/or NYS aid for the following semester:
  - Fall \_\_\_\_\_
  - Spring \_\_\_\_\_
  - Summer \_\_\_\_\_

**2. Extenuating Circumstances:**

<b>Circumstance</b>	<b>Required Documentation</b>
<input type="checkbox"/> Serious illness or injury to <b>the student</b>	<ul style="list-style-type: none"> <li>• Signed and dated statement on letterhead from a doctor, therapist, counselor, or other professional independent third party. Statement must be submitted on letterhead and include:               <ol style="list-style-type: none"> <li>1. Your name and the person’s relationship to you</li> <li>2. Their knowledge of the barriers(s) that you had preventing academic success</li> <li>3. How you have resolved those barriers indicating the date of onset of illness/injury, dates of treatment, and opinion as to the student’s ability to perform academically during the term in question, <b>and/or</b></li> </ol> </li> <li>• Record of doctor’s visit/post-visit summary, <b>or</b></li> <li>• Hospital records/discharge instructions</li> </ul>

<input type="checkbox"/> Serious illness or injury to a <b>student's family member</b>	<ul style="list-style-type: none"> <li>• Signed and dated statement on letterhead from a doctor, therapist, counselor, or other professional independent third party. Statement must be submitted on letterhead and include:             <ol style="list-style-type: none"> <li>1. Your name and the person's relationship to you</li> <li>2. Their knowledge of the barriers(s) that you had preventing academic success</li> <li>3. How you have resolved those barriers indicating the date of onset of illness/injury, dates of treatment, and opinion as to the student's ability to perform academically during the term in question, <b>and/or</b></li> </ol> </li> <li>• Record of doctor's visit/post-visit summary, <b>or</b></li> <li>• Hospital records/discharge instructions</li> </ul>
<input type="checkbox"/> Death of a relative	<ul style="list-style-type: none"> <li>• Obituary or funeral program, <b>or</b></li> <li>• Death certificate, <b>or</b></li> <li>• Signed and dated statement on letterhead from a doctor, therapist, counselor, or other independent third party</li> <li>• <b>Your explanation below should include the relationship of the deceased to the student</b></li> </ul>
<input type="checkbox"/> Haven't attended JCC for an extended time  Last date attended: _____	<ul style="list-style-type: none"> <li>• Documentation demonstrating non-academic success (Example: Signed and dated letter from current employer) <b>or</b></li> <li>• Documentation demonstrating academic success at another institution since last attending JCC <b>or</b></li> <li>• Documentation from JCC Success Center or advisor confirming discussion of your academic history and current plans for academic success</li> </ul>
<input type="checkbox"/> Other extenuating circumstances Examples include but are not limited to: <ul style="list-style-type: none"> <li>○ Natural disaster</li> <li>○ Work-related circumstances</li> <li>○ House fire or other housing crisis</li> <li>○ Other circumstances beyond the student's control</li> </ul>	<ul style="list-style-type: none"> <li>• Signed and dated letter from an independent third party, such as a social worker, doctor, counselor. Statement must be submitted on letterhead and include:             <ol style="list-style-type: none"> <li>1. Your name and the person's relationship to you</li> <li>2. Their knowledge of the barriers(s) that you had preventing academic success</li> <li>3. How you have resolved those barriers indicating the date of onset of illness/injury, dates of treatment, and opinion as to the student's ability to perform academically during the term in question, <b>and/or</b></li> </ol> </li> <li>• Court/police documentation, <b>or</b></li> <li>• Eviction notice, <b>or</b></li> <li>• Any other documentation that corroborates your circumstance</li> </ul>

**Section 2: Statement of circumstances and resolution**

4. Please explain the circumstances that prevented you from making satisfactory academic progress in the space provided below. Be sure to reference the documented extenuating circumstances; include specific dates and address all semesters where you had poor performance.

5. In the space provided below, explain how the circumstances that prevented you from making satisfactory academic progress have been resolved and any corrective measures you have taken to ensure you are able to improve your academic record and maintain satisfactory progress.

**Section 3: Statement of Understanding and Signature**

**Check each box to acknowledge that you have read and understand the terms and conditions:**

- I understand that the submission of this waiver request form does not guarantee approval, and the Committee's decision is final.
- I understand that if this waiver is **denied**, financial aid will **not** be reinstated, and I will remain responsible for any charges related to my enrollment.
- I understand that if my waiver is approved, my academic eligibility to receive financial aid in the future will be evaluated at the end of each semester. I must achieve and maintain a minimum semester GPA of 2.0 **and** complete all attempted coursework with no withdrawals or incomplete

grades until I meet cumulative satisfactory academic progress requirements found here:  
<https://www.sunyjcc.edu/support/financial-aid-billing/fafsa/maintain>.

**By signing below, I acknowledge and confirm that the above information is complete and correct. I understand that giving false or misleading information may result in federal fines, jail sentence, or both.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section 4: Maximum Time Frame Waiver Information To be completed by your Academic Advisor ONLY if applicable.**

Federal financial aid rules limit the number of credits you can attempt while still receiving aid. You may take up to **150% of the credits required for your degree program**. For example, if your program requires 60 credits, you can attempt up to **90 credits** and remain eligible for financial aid.

If you **reach or exceed this credit limit before earning your first degree**, you will no longer be eligible for federal financial aid at JCC **unless a Maximum Time Frame waiver is approved**.

**This section should be completed by your Academic Advisor if:**

- You **have already attempted 90 or more credits**, OR
- You **will reach 90 attempted credits** by the end of the semester you are applying for, OR
- You **will not graduate before reaching 150% of your program credits** (even if you have not yet reached 90 credits), and need additional time and aid to complete your degree.

**\*\*If this situation does not apply to you, you may skip this section.\*\***

**In the table on the following page, please list the remaining JCC degree-applicable courses, by term (include the current semester), required for degree completion.**

<b><u>Semester:</u></b>		<b><u>Semester:</u></b>	
<b><u>Course</u></b>	<b><u># of Credits</u></b>	<b><u>Course</u></b>	<b><u># of Credits</u></b>
<b>Total Credits:</b>		<b>Total Credits:</b>	

Expected Graduation Date: \_\_\_\_\_

Academic Advisor name (please print): \_\_\_\_\_

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_