

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

Students who do not meet minimum satisfactory academic progress requirements to receive financial aid for a semester may request that an exception (waiver) be made to reinstate their eligibility for funds, prior to the first day of classes. Students with serious extraordinary or unusual circumstances may submit a written waiver request accompanied by supporting documentation to the financial aid office for consideration. Federal and state agencies site examples of circumstances that may qualify for a waiver to include a serious illness that prevents the student from completing course work, or a death in the immediate family. Waiver requests are evaluated on a case by case basis; results are forwarded to students by mail within ten business days.

1. In a separate signed and dated letter, please explain:

- the circumstances that prevented you from maintaining the required level of satisfactory academic progress.
- how you have overcome the problem(s) you experienced.
- how you plan to improve your academic record and maintain satisfactory progress.
- **IMPORTANT! Sign and date your letter.**

2. Attach relevant documentation to support your request. Examples may include attending physician statements, obituaries, or letters from a third party source that can attest to your circumstances. Third party sources may include a doctor, professor, counselor, social worker, or clergy person. **Letters from family members are not appropriate for this purpose.** Letters from third parties should be submitted on letterhead paper, and should include your name, the person’s relationship to you, their knowledge of the problem(s) that you had and how you have resolved them, the date(s) of that problem, and their signature. **Your waiver request cannot be accepted or reviewed without this attached documentation.**

3. Submit your request with your third party documentation by mail or in person to the financial aid office, prior to the first day of classes for the semester.

I am requesting consideration for a waiver of satisfactory academic progress requirements in order to receive Title IV Federal Aid and/or NYS aid for the following semester/year: Fall _____ Spring _____

I certify that the information that I have provided for consideration of a waiver of satisfactory academic progress requirements for financial aid purposes is true and correct.

Student’s name-PRINT

Student’s phone number

Student’s street, city, state, zip code

Student’s signature

Date