



Financial Aid Office  
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**SATISFACTORY ACADEMIC PROGRESS WAIVER FORM  
FOR FEDERAL FINANCIAL AID**

Student's Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
Which semester do you want this waiver request to apply for? Fall Spring Summer

**Section 1: Instructions to Student**

This form is used by students who are appealing the loss of their federal financial aid and must be submitted to the Financial Aid Office **no later than 30 days** after being notified that you are not making Satisfactory Academic Progress (SAP). The appeal process is a component of federal SAP requirements and is intended to provide students an opportunity to improve their academic performance. Please review the Satisfactory Academic Progress Policy at: <https://www.morrisville.edu/contact/offices/financial-aid/financial-aid-policies>.

**Section 2: The following documentation **MUST BE INCLUDED WITH THIS REQUEST:****

- a) A letter from yourself explaining the extenuating circumstances that caused your lack of academic progress to occur. PLEASE BE SPECIFIC. Your letter and documentation need to explain the extenuating circumstances that were beyond your control and how these circumstances have been resolved so they will not affect your future academics.
- b) Documentation from a reliable third-party (doctor, lawyer, counselor, clergyman) that supports your statement of extenuating circumstances and resolution.
- c) Additional documentation from any others that are aware of and can support your statement of extenuating circumstances and resolutions.

**Section 3: What measure will you take to achieve your academic goals?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 4: Instructions to Academic Dean/Advisor**

Thank you for assisting the above named student in reaching academic success. The student is currently appealing the loss of their federal financial aid due to not meeting satisfactory academic progress requirements. If you have met with the above named student, and believe the student's goal as outlined on this form is adequate for the purpose of improving academic progress, please comment and sign below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 5:**

I understand that I am applying for a waiver of academic progress in any undergraduate program. I also recognize that at the end of the above named semester, I must meet the requirements necessary for academic progress and pursuit of program before I am eligible to receive additional payments of Federal Student Aid. I will meet with representatives of Academic Advising or the Dean's Office and Student Financial Aid to discuss the feasibility of this request.

Student Name \_\_\_\_\_ Date \_\_\_\_\_ Dean/Advisor Name \_\_\_\_\_ Date \_\_\_\_\_