



Satisfactory Academic Progress (SAP) Waiver Form for Federal Financial Aid

Student's Name: _____ Student ID#: _____

I am requesting a waiver for the _____ semester.

Instructions for Student

This form is used by students who are appealing the loss of their federal financial aid. It must be submitted **no later than 30 days** after being notified that you are not meeting 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>

Sign and Submit the Following to Academic Dean/Advisor

1. This form signed by student
2. A letter from yourself that explains the circumstances beyond your control that caused you to not meet satisfactory academic process. Explain how these circumstances have been resolved and will no longer affect your future academics. Be sure to outline what your plan for academic success is for the future. BE SPECIFIC
3. Documentation from an impartial third-party (doctor, lawyer, counselor, clergyman) that supports your statement and resolution
4. Additional documentation from any others that are aware of and can support your statement of extenuating circumstances and resolutions

I understand I am applying for a waiver of satisfactory academic progress. I also recognize that at the end of the 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 Signature _____ Date: _____

Instructions for Academic Dean/Advisor

Thank you for assisting the above 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 student and believe the student's goal outlined are adequate for the purpose of improving academic progress, please comment and sign below. Please return this form to Financial Aid.

Dean/Advisor Name _____ Date: _____

Dean/Advisor Signature _____