

FINANCIAL AID OFFICE

PHONE: (315) 684-6289 FAX: (315) 684-6628

SATISFACTORY ACADEMIC PROGRESS WAIVER FORM FOR FEDERAL FINANCIAL AID

Student's Name		Student ID#_			
Which semester do you want this waiv	ver request to apply for	? Fall Spring	g	Summer	
Section 1: Instructions to Student This form is used by students who are ap Office no later than 30 days after being a a component of federal SAP requiremen Please review the Satisfactory Academic	notified that you are not ats and is intended to pro-	making Satisfactory A vide students an oppor	cademic Pro tunity to imp	gress (SAF prove their	P). The appeal process is academic performance.
Section 2: The following documentation a) A letter from yourself explest PLEASE BE SPECIFIC. Your control and how these by Documentation from a relievation circumstances control and documentation circumstances and resolution circumstances and resolutions. Section 3: What measure will you take	laining the extenuating of Your letter and document e circumstances have been able third-party (doctor, and resolution. from any others that are ons.	ircumstances that cause tation need to explain en resolved so they wil lawyer, counselor, cler aware of and can supp	ed your lack the extenuati I not affect y rgyman) that	ing circum our future supports y	stances that were beyond academics. your statement of
Section 4: Instructions to Academic I. Thank you for assisting the above named federal financial aid due to not meeting and believe the student's goal as outlined.	d student in reaching aca satisfactory academic pro	ogress requirements. I	f you have n	net with the	e above named student,
and sign below.					
Section 5: I understand that I am applying for a wathe above named semester, I must meet to receive additional payments of Federa and Student Financial Aid to discuss the	the requirements necessa al Student Aid. I will me	ary for academic progreet with representatives	ess and pursi	uit of progr	am before I am eligible
Student Name	Date D	Dean/Advisor Name			Date