



A College of the State University of New York

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

APPLICATION FOR WAIVER OF GOOD ACADEMIC STANDING REQUIREMENTS

Please answer all questions - Please do not leave any blanks.

Social Security Number _____ - _____ - _____ Student ID _____

Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Academic Advisor _____ Academic Program _____

Please indicate the type of Financial Aid you wish to appeal

NY State Financial Aid

I have been notified that I do not meet the academic standards required to receive **New York State Financial Aid** (i.e. TAP, APTS, NY State Scholarship, etc.) and I wish to appeal my eligibility for state aid based on special circumstances.

Federal Financial Aid

I have been notified that I do not meet the academic standards required to receive **Federal Financial Aid** (i.e. PELL Grant, SEOG, Stafford Loans, Work Study, etc.) and I wish to appeal my eligibility for federal aid based on special circumstances.

Have you previously applied for an appeal of your federal or state financial aid at Onondaga Community College?

Federal Aid Appeal Yes No

State Aid Appeal Yes No

(Please note: Students are eligible to receive only one (1) waiver for federal financial aid as an undergraduate. Therefore, careful consideration should be given before filing a waiver for federal financial aid.)

(Please note: Students are eligible to receive only one (1) waiver for New York state financial aid as an undergraduate, regardless of the school attended. Therefore, careful consideration should be given before filing a waiver for state financial aid.)

Please indicate the semester for which the appeal should take effect:

Semester: Fall Year: _____ Spring Year: _____ Summer Year: _____

Application Statement of Understanding

1. I fully understand the reasons why I did not meet the Satisfactory Academic Progress Standards for Federal and/or State Financial Aid and what I must do to maintain satisfactory academic progress for financial aid from this point on.
2. I accept the decision of the designated College official as final in granting of the waiver and that waivers will be granted only for extraordinary circumstances which I can document.

Student Signature: _____ Date: _____

Please complete the following five questions. Supporting documentation is required for all waivers. You may attach separate sheets of documentation if needed.

1. What were the specific circumstances that hindered your academic performance during your most recent enrollment at Onondaga Community College?

2. Please indicate the date when the circumstances occurred? Give the day/month/semester. Be specific, and *please note* that the circumstances you are citing must have occurred during the semester in which you failed to meet academic progress requirements.

3. How and why did the circumstances hinder your academic performance?

4. Indicate what documentation you are attaching to this waiver application to verify the circumstances identified in question one above. If you would like us to review any documentation that you've previously submitted, please check this box and indicate what documentation you would like us to review.

5. State how the circumstances have been resolved, no longer exist or will no longer hinder your academic performance.

Student Signature: _____ Date: _____

COLLEGE USE ONLY Transcripts _____ Documentation _____ Appt/Date/Time _____ Other _____

Committee Decision and Notification:

Federal SAPA:

Appeal Action:
Other Actions:

Appeal Date: _____
____ Approved: FSAPAA
____ DUAL

Appeal Originator: _____
____ Denied: FSAPDEN
____ MAX Approval with DUAL

Pending: _____ FSAPPEN
____ Probation: FSAPPRO
____ MAX and UN

State SAPA:

Appeal Action:

Appeal Date: _____
____ Approved: SSAPAA

Appeal Originator: _____
____ Denied: SSAPDEN

Pending: _____ FSAPPEN

Comments: