

# Financial Aid Waiver Request

No appeals will be accepted after the first day of classes.

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

If you wish to appeal your loss of eligibility, please return this form with:

- 1) A statement from you describing your mitigating circumstances and what steps have been taken to prevent future interference with your studies.
- 2) Documentation that supports your appeal statement and documentation that supports your preventative plan.

<input checked="" type="checkbox"/>	<b>CIRCUMSTANCE</b>	<b>REQUESTED DOCUMENTATION</b>
<input type="checkbox"/>	Illness or injury of student.	Medical records with effective dates.
<input type="checkbox"/>	Extenuating Circumstances involving a family member.	Death certificates, medical records and/or court papers including effective dates.
<input type="checkbox"/>	Legal issue.	Court papers including effective dates.

**All requests will be reviewed by a financial aid appeals committee. Students will be notified by mail. No tuition or fees will be deferred pending an appeal.**

**Please Note: New York State allows only one appeal during undergraduate studies.**

**Student Signature** \_\_\_\_\_

<b>For Office Use Only</b>	
<b>State</b>	<b>Federal</b>
Approved	Approved
Denied	Denied