

Financial Aid Waiver Request

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

Student Name _____ Student ID _____

Address _____ Date _____

I am requesting a waiver for my: Federal Aid State Aid Both

If you wish to appeal, please complete the following 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 MVCC?

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 which you failed to meet academic progress requirements.

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

Student Signature _____ Date _____

For Office Use Only	
State	Federal
Approved	Approved
Denied	Denied

Please return this document to:
Office of Student Financial Aid
Mohawk Valley Community College
1101 Sherman Drive Utica, NY 13501
Or
(following the above format,) you may email it to
EDiRaimo@MVCC.Edu
Send supporting documentation separately.