SUNY Delhi Student Financial Services 454 Delhi Drive Delhi, NY 13753

Phone: (607) 746-4570 Fax: (607)746-4208 email: finaiddocs@delhi.edu

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST FOR FINANCIAL AID ACADEMIC PROGRESS WAIVER**

**IMPORTANT: All documentation will remain confidential unless you permit otherwise.**

**YOUR APPEAL MUST INCLUDE ALL OF THE FOLLOWING:**

A letter explaining in detail why you failed to meet academic progress requirements (e.g., date of the event, health reasons, death of relative, other type of undue hardships). Be sure to also explain how you have overcome these past issues. CLEARLY PRINT OR TYPE YOUR EXPLANATION and SIGN and DATE YOUR LETTER.

You **MUST** attach supporting documentation regarding the extraordinary circumstance of a one-time nature:

For example:

· Health reasons — Include medical documentation (physician’s note, copy of medical bills, etc.)

· Death of an immediate family member — Include a copy of the death certificate.

· Undue hardship — Include supporting documentation as well as a statement from an unbiased, third

party professional (instructor, counselor, clergy, court records, etc.) who can verify your claim.

You may also include additional documentation from any others that are aware of and can support your statement of extenuating circumstances and resolution.

By signing below I understand that I am applying for a one-time waiver of academic progress requirements. I understand that the above documentation is required for a waiver request to be reviewed and that the Financial Aid Office has the right to request additional documentation. I further understand that if this request is for NYS aid programs (TAP, APTS) it is the only waiver I can request as an undergraduate student at any school.

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Student Signature Date

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OFFICIAL USE ONLY: \_\_ Fall \_\_ Spring \_\_ Summer \_\_ Approved \_\_ Denied \_\_ Additional Documentation Needed

Comments:

Financial Aid Officer:

Date:

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