

SUNY Delhi Financial Aid

2 Main Street, Delhi, NY 13753

Fax: (607)746-4104

Request for **One Time** Waiver of  
Satisfactory Academic Progress for State and/or Federal Financial Aid

Fall \_\_\_\_\_ Spring \_\_\_\_\_

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
ID or Soc. Sec. Number

I request a ***one time*** waiver of my state and/or federal financial aid for the semester indicated above based on the following extenuating circumstances\*: (Be specific. Attach a separate sheet if more room is needed).

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

\_\_\_\_\_  
Date

**NOTE: Waiver requests MUST include documentation to support your request.**  
**Waiver requests submitted without supporting documentation will be denied.**

***Please make copies of this form and supporting documentation before submitting to SUNY Delhi.***

\*Extenuating circumstances include such things as a medical stay in the hospital, causing you to miss classes, or a death in the immediate family as documented with a death certificate, or a physical or psychological problem documented by a qualified healthcare professional.

\*\*\*\*\*  
(Do not write below this line: Financial Aid Office Use Only)

Your waiver request has been reviewed and the following action has been taken:

\_\_\_\_\_ Approved. You must have a total of \_\_\_\_\_ earned credit hours with an overall GPA of \_\_\_\_\_ at the  
end of the \_\_\_\_\_ semester to maintain satisfactory academic progress.  
(fall/spring) (year)

\_\_\_\_\_ Denied:

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Review Committee Signature

\_\_\_\_\_  
Date