



Return this form to:
Office of Financial Aid
209 Maytum Hall
Fredonia, NY 14063
P: (716) 673-3253
F: (716) 673-3785
appeals@fredonia.edu

SATISFACTORY ACADEMIC PROGRESS (SAP) WAIVER APPLICATION

Submission Deadlines

Fall Semester: Monday September 18, 2023
Spring Semester: Wednesday February 19, 2024

YOU MUST COMPLETE ALL THREE SECTIONS OF THIS FORM PRIOR TO SUBMITTING THE WAIVER

I. STUDENT INFORMATION:

Student's Name _____

F# _____

- I request a ONE-TIME TAP waiver of academic criteria for program pursuit and satisfactory academic progress toward the degree and request that **state aid** be reinstated for the upcoming semester. I understand I may be entitled to ONLY ONE WAIVER to reinstate STATE aid in my undergraduate program.
- I request a TAP waiver of the "C" average requirement and request that **state aid** be reinstated for the upcoming semester.
- I document that extraordinary circumstances prevented me from meeting Federal requirements of program pursuit and satisfactory academic progress. Please reinstate **Federal aid** for the upcoming semester.

II. REASON FOR APPEAL AND REQUIRED DOCUMENTATION:

Please check the appropriate box(s) below.

- Serious illness or injury of student:**
Attach a written statement from either your medical professional or physician on an official letterhead and then indicate the nature of the illness. Also, you must provide a written statement on how this illness has impacted your ability to succeed. *The statement needs to include dates of illness/injury.*
- Serious illness or injury of immediate family member (Child, Spouse, Parent/Guardian, or Sibling):**
Attach a written statement from either the immediate family member's medical professional or physician on an official letterhead and then please indicate the nature of the illness. In addition, you must provide a written statement on how your family member's illness has impacted your ability to succeed. *The statement needs to include dates of illness/injury. Do not submit medical records or medical billing information.*
- Death of immediate family member (Child, Spouse, Parent/Guardian, Grandparent, or Sibling):**
Attach a copy of the obituary or death certificate. Also, you must provide a written statement, including the name of the deceased and his/her relationship in regards to you, as well as, details on how this death has impacted your ability to succeed.
- Other unusual circumstances (Examples may include: House Fire, Crime Victim, Etc.):**
In your own words, please provide a personal statement explaining in as much detail as possible, the nature of the unusual circumstances and the applicable dates that they occurred. You must also provide supporting documentation to corroborate your statement. This may include something such as a police report, insurance claim, an official letter on letterhead, or a letter from an impartial third party (Examples include: Lawyer, Minister, Teacher/Counselor, etc.). In addition, you must provide a written statement on how this incident has impacted your ability to succeed.

- Returned to SUNY Fredonia after a leave of absence. Explain your previous circumstances that prevented you from meeting satisfactory academic progress prior to your leave of absence. (Federal Aid ONLY)**

Attach a personal statement as outlined above. We will access your transcript to determine your current academic success.

III. CERTIFICATION AND SIGNATURE:

Please check each box to acknowledge that you have read and understand the terms and conditions pertaining to the SAP appeal process.

- I understand that I must be registered for the semester I am submitting the appeal for, and have applied for federal and/or state aid.
- I understand that the submission of an appeal does not guarantee approval.
- I understand that the SAP Appeal Committee may deny my appeal, and this decision is final.
- I understand that I am responsible for all charges if I choose to remain registered for classes after the last day to drop without financial obligation.
- I certify that all information provided in this document is true, complete, and accurate to the best of my ability. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail time, or both. I authorize the State University of New York at Fredonia to make any change(s) necessary as a result of the updated information that I have provided.

STUDENT SIGNATURE: _____ **DATE:** _____

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The committee has examined the documentation and because of the specified circumstances believe that it is in the student's best interest to:

- Waiver reinstates State Aid
 Waiver denied for State Aid
 Waiver reinstates Federal Aid
 Waiver denied for Federal Aid
 Federal Academic Plan Required

Notes: _____

Signature of Financial Aid Officer

Date

Return this form by the deadline:

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