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Updated 10/3/2019

_Student ID#: A_____

2020 - 2021 FED150 Satisfactory Academic Progress Review Request

Address:	City/State/Zip:	
Phone:	Email Address:	
All Students receiving financia	al aid from SUNY Orange must abide by the I	Federal and State's Satisfactory Academic
Progress (SAP) standards for fi	inancial aid. Students who do not meet these star	ndards lose their financial aid eligibility.
Students who have attempted ov	ver 99 credits (FED150) and have not yet graduat	red with an Associates' degree are ineligible
for Federal Aid. However, if you have graduated with an Associates' degree you are eligible to complete a FED150 SAP $^{\circ}$		
Review Request to have your S	SAP re-evaluated to see if you qualify to receive	Federal Aid.
To request a FED150 SAP Rev	view, you must complete and submit this form.	Submitting a FED150 Review Request
appeal does not guarantee approval to reinstate your eligibility for receiving financial aid. The decision of the		
Appeals Committee is final.		
<u>Deadlines</u> : FED150 Review Request should be submitted by June 1st for Summer 2020, June 15th for Fall 2020 and		
December 15th for Spring 2021 to ensure that Financial Aid funds which you may be eligible for are in place by the		
payment-due date. If a review request is submitted after the deadline date you will need to make arrangements for		
alternative means of payment until your Financial Aid can be processed, using your own funds or participating in		
the Tuition Payment Plan. Review Requests submitted after the current deadline date of June 15th, 2020 for the Fall 2020		
semester and December 15 th , 2020 for the Spring 2021 semester will be evaluated for the following semester, and will		
NOT be accepted for the curren	nt semester.	
Ι,	, have graduated with ar	a Associates' degree and would like
to request a FED150 Review	of my Federal Satisfactory Academic Progres	s (SAP).
• I understand the requireme	ents for submitting my request and hereby reques	st that my case be considered for review.
• I understand the Financial Aid Appeals Committee may either <i>deny or approve</i> this request.		
• I also understand that the decision of the Financial Aid Appeals Committee is FINAL.		
Signature:		Date: