

SUNY Orange Office of Financial Aid 1 Washington Center Newburgh, NY 12550 (845)341-9502

2013-2014 FED150 Satisfactory Academic Progress Review Request

Name: ______ Student ID: <u>A</u>

Address:	City/State/Zip
Phone:	Email Address:
	al aid from SUNY Orange must abide by the Federal and State's Satisfactory dards for financial aid. Students who do not meet these standards lose their
ineligible for Federal Aid. Ho	over 99 credits (FED150) and have not yet graduated with an Associates' degree are wever, if you have graduated with an Associates' degree you are eligible to ew Request to have your SAP re-evaluated to see if you qualify to receive Federal
	riew, you must complete and submit this form. Submitting a FED150 Review rantee approval to reinstate your eligibility for receiving financial aid. The mittee is final.
and December 1st for Spring 2 by the payment-due date. If a parrangements for alternative funds or participating in the of August 21 st for the Fall 2012	request should be submitted by June 1st for Summer 2013, July 1st for Fall 2013 2014 to ensure that Financial Aid funds which you may be eligible for are in place review request is submitted after the deadline date you will need to make means of payment until your Financial Aid can be processed, using your own Tuition Payment Plan. Review Requests submitted after the current deadline date 3 semester and January 10 th for the Spring 2014 semester will be evaluated for the IOT be accepted for the current semester.
I, to request a FED150 Review	, have graduated with an Associates' degree and would like of my Federal Satisfactory Academic Progress (SAP).
• I understand the requi considered for review.	rements for submitting my request and hereby request that my case be
• I understand the Finan	ncial Aid Appeals Committee may either; deny or approve this request.
• I also understand that	the decision of the Financial Aid Appeals Committee is FINAL.
Signature:	Date: