

ID # A_____

ORANGE COUNTY COMMUNITY COLLEGE
MIDDLETOWN, NEW YORK
Office Of Financial Aid

T4A

REQUEST FOR APPEAL OF SATISFACTORY PROGRESS REQUIREMENTS FOR FEDERAL STUDENT FINANCIAL AID

(Student's Name)

PLEASE PRINT

(Social Security Number)

(Street)

(City)

(State)

(Zip)

I hereby request that I be permitted to continue to receive State Student Financial Aid during the _____ based upon mitigating circumstances described with this appeal. I understand that my eligibility for state aid has been lost because I failed to maintain satisfactory academic progress in my degree or certificate program according to the policy at SUNY Orange.

Your written appeal should contain in detail what the personal and/or medical problem was; when the problem occurred; how it affected your studies; and how the problem has been or is being resolved.

It is **MOST** important that you submit documentation (doctor's note, police report, social service report, obituary, etc.) with this request. Lack of written documentation **GREATLY REDUCES** the chances that you will continue to receive Federal Student Financial Aid; however you may appeal without documentation.

I understand that at the end of this “appeal” year I must meet both the GPA and completion standards according to the new number of credits attempted. This includes credits registered for but not completed due to withdrawals. I understand that this appeal may only be granted **twice** and its use must be approved by SUNY Orange.

You may write your appeal below and continue on the back of this form. If you choose to submit your appeal on a separate sheet of paper you still must submit this **SIGNED APPEAL FORM** with it.

[illegible]

I have read and understand the above statement and have attached any necessary documentation to verify my request.

Student's Signature: _____ Date: _____
(FORM MUST HAVE STUDENT'S SIGNATURE TO RECEIVE CONSIDERATION)

Approved _____ / _____ Denied _____ / _____
(Date) (Date) _____
FAO Signature

Reason: