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## FEDERAL AND STATE SATISFACTORY ACADEMIC PROGRESS: WAIVER REQUEST INSTRUCTIONS

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### **DEADLINE: Federal Waivers must be submitted by 5pm on the first day of the semester!**

**Waivers received after these dates will be reviewed for the following semester.**

Waivers are **not** granted automatically to allow a student another semester of financial aid eligibility. Waivers are intended only to accommodate extraordinary or unusual circumstances. The waivers will be granted only when there is a reasonable expectation that the student will meet future requirements.

➤ Some examples of **Acceptable** Waiver Requests:

- (1) Death or serious illness of an immediate family member.
- (2) Prolonged hospitalization or confinement at home that resulted in required extended absences from classes.
- (3) A one-time unusual situation that impacted your ability to continue your education or affected your academic success for a short, specified period.
- (4) Involuntary call to active military duty.
- (5) Victim of documented domestic violence.
- (6) Shown significant academic improvement.

➤ Some examples of **Unacceptable** Waiver Requests:

- (1) Problems adjusting to work and school.
- (2) Childcare or daycare problems.
- (3) Problems with on line or independent learning classes.
- (4) Medical appeals for long-term or chronic conditions that were known and existed before financial aid was accepted and received.
- (5) Any reason for which you have previously filed an appeal.

### **IMPORTANT WAIVER INFORMATION**

- Students are limited to one Satisfactory Academic Progress Waiver. Additional waivers are granted by the committee in rare cases to a student who has regained their good academic standing and experiences another situation beyond their control that disrupts their academic program. The State of New York only allows one waiver to be granted to a student during their academic lifetime who receives TAP regardless of the reason.
- Waiver requests will be reviewed approximately two weeks before the beginning of each semester and the decision of the committee is **FINAL**. Notification of the committee's decision will be sent through the myCayuga financial aid messages.
- Waivers will **not** be reviewed if (1) the student owes a balance to Cayuga Community College for a previous term, (2) has a College hold for financial, academic, or judicial reasons, or (3) has been academically dismissed by the College. Students must resolve these issues before the committee will review their waiver request.
- You must complete Sections I and II of the Waiver Form. Only students who are requesting a waiver for a medical reason are required to have their medical provider complete the Authorization for Release of Health Records Form.
- Waivers submitted without proper supporting documentation lessens the chance of the waiver being approved. Supporting documentation must coincide with the time period in which the academic deficit(s) occurred. Students must realize that by the time they are requesting a waiver, they have already had two semesters of poor academic performance.
- The Satisfactory Academic Progress requirements for both Federal and State aid are described in detail in your College catalog under the Financial Aid Section.



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**SECTION I: STUDENT WAIVER REQUEST**

**Print Name:** \_\_\_\_\_ **C#** \_\_\_\_\_

I am requesting the waiver for (check one and provide the year)  
Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ (federal only)

**Check the Waiver(s) you are requesting below.**

**FEDERAL SATISFACTORY ACADEMIC PROGRESS WAIVER REQUEST**

**Under which condition are you appealing for reinstatement of your Federal Financial Aid Eligibility?**

- \_\_\_\_\_ Medical condition/serious illness (Complete Physician's Confirmation Form)
- \_\_\_\_\_ Death of Immediate Family Member (Provide either an obituary where your name is listed, death certificate, or letter from a professional, i.e. minister, teacher, lawyer which states the date of death and the individual's relationship to you)
- \_\_\_\_\_ Involuntary call to Active Military Duty (Provide a copy of your military orders).
- \_\_\_\_\_ Have significantly improved your academic performance after receiving a federal warning or while attending college without the use of federal financial aid funds.
- \_\_\_\_\_ Extenuating circumstances beyond your control (Provide supporting documentation that specifies the date(s) and or/duration of your circumstances that prevented you from being academically successfully).
- \_\_\_\_\_ Exceeding the maximum time frame for your degree program (Only check if you have completed 90 or more attempted credit hours and in your previous semester you were in Good Academic Standing or on an Academic Plan).
- \_\_\_\_\_ Attended another College since eligibility was lost and successfully earned at least 6 credits that could be transferred to Cayuga Community College. (Must have earned a C or above in courses taken and must be applicable to your degree program. Provide official transcript as documentation).

**STATE SATISFACTORY ACADEMIC PROGRESS WAIVER REQUEST**

**Under which condition are you appealing for reinstatement of your State Financial Aid Eligibility?**

- \_\_\_\_\_ Medical condition/serious illness (Complete Physician's Confirmation Form)
- \_\_\_\_\_ Death of Immediate Family Member (Provide either an obituary where your name is listed, death certificate, or letter from a professional, i.e. minister, teacher, lawyer which states the date of death and the individual's relationship to you).
- \_\_\_\_\_ Involuntary call to Active Military Duty (Provide a copy your military orders).
- \_\_\_\_\_ You were in good academic standing and had a one-time extenuating circumstance that prevented you from meeting the state's academic progress standards. (You must submit documentation of the circumstance and proof that the condition is now resolved or no longer exists).
- \_\_\_\_\_ You were a student at Cayuga Community College over a year ago with a poor academic record. Two full semesters have passed (does not include summer term) since you have lost your eligibility. You have not enrolled in another college during that time and have not received TAP Grants.



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**SECTION II: STUDENT WAIVER INFORMATION TO BE CONSIDERED**

Printed Name: \_\_\_\_\_ C# \_\_\_\_\_

**Please answer the following questions:**

- Please describe the circumstances that affected your ability to achieve good academic progress and caused you to lose financial aid eligibility. Please attach a separate sheet of paper if needed.*
- When did the circumstances occur? Provide day/month/semester, please be specific and please note that the circumstances you are citing must have occurred during the semester in which you failed to meet the federal and/or state academic requirements.
- Are you able to provide documentation of the circumstances described above?  
 YES       NO  
If yes, attach documentation to this form. Documentation must be from another source other than you.
- Please state what steps you plan on taking to improve your academic performance.

**Student Certification**

I understand that the decision of the Satisfactory Academic Progress Committee is final.  
All information will be confidentially maintained in my records and may be reviewed by institutional, federal and/or state program review and audit personnel.

I fully understand that if my appeal is approved, I will achieve the following:

- Successfully earn 100% of the credit hours for which you were awarded aid.
- Obtain a semester GPA of 2.0
- Will not have any withdrawals (W's), failing grades (F's), or incomplete grades (I's).

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

\_\_\_\_\_  
Date



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**AUTHORIZATION FOR RELEASE OF HEALTH RECORDS**  
(To be completed by the student)

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Student Name: \_\_\_\_\_

C # \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This form should not be used for chronic illnesses or for conditions which were present prior to the semester for which you are seeking a waiver.*

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**Confirmation of Illness/Accident**  
(To be completed by your physician)

I certify that \_\_\_\_\_ was  
treated by me from (date) \_\_\_\_\_ to \_\_\_\_\_  
due to illness, accident or complications of pregnancy.

**Please check both if they apply:**

\_\_\_\_\_ During this period of time the student was unable to attend classes.

\_\_\_\_\_ The student is now able to return to classes.

Additional Comments:

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Physician Signature \_\_\_\_\_

Physician Printed Name \_\_\_\_\_

Physician Phone Number \_\_\_\_\_

Date: \_\_\_\_\_