

Submit forms utilizing one of the options below. Note: email is not a secure form of communication, do not submit documents via email.

- Electronically via the Secure Document Upload Center - [financialaid.buffalo.edu/forms/documentation-upload-center/](https://financialaid.buffalo.edu/forms/documentation-upload-center/). Submit your .pdf, .jpg, .jpeg, or .docx files with your UB Person Number included in the file name.
- Fax to 716-645-6566
- By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Person Number: \_\_\_\_\_

**Instructions**

Complete the appropriate sections of the appeal form and submit by the corresponding deadline:

**Summer deadline: August 15th**

**Fall deadline: January 15th**

**Spring deadline: June 15th**

**Section 1: Appeal Reason**

1. I am requesting an appeal for the loss of Financial Aid eligibility for the following semester:
  - Summer 2022
  - Fall 2022
  - Spring 2023
  
2. I am requesting an appeal for the loss of Financial Aid eligibility for the following reason(s):
  - C Average Requirement Waiver:**  
I am on my 5<sup>th</sup> TAP payment or higher and did not meet the 2.0 Grade Point Average Standard.
  - Program Pursuit Requirements Waiver:**  
I did not complete the minimum number of credits as required.
  
3. **Extenuating Circumstances:** please check the appropriate boxes that caused you to fail the SAP standards:
  - Serious illness or injury to the student**
    - *Required:* Attach a written statement from a physician or medical professional on official letterhead and indicate the nature of the illness. Statement must include the dates of the illness or injury. **Do not submit medical records or medical billing information.**
  - Serious illness or injury to an immediate family member (immediate family member is defined as: child, spouse, parents/legal guardian or sibling).**
    - *Required:* Attach a written statement from a physician or medical professional on official letterhead and indicate the nature of the illness. Statement must include the dates of the illness or injury. **Do not submit medical records or medical billing information.**
  - Death of immediate family member (child, spouse, parents/legal guardian or sibling).**
    - *Required:* Attach a copy of the obituary or death certificate. In your personal statement, include the name of the deceased and his/her relationship to you. Specify how this death impacted your ability to be successful.
  - Other Unusual Circumstances** (e.g. military, house fire, crime victim, academic withdrawal, deferred academic dismissal, COVID-19, etc.)
    - *Required:* In your personal statement, provide a detailed explanation regarding the nature of the unexpected circumstances. You must provide supporting documentation (**if applicable**) to corroborate your statements.
  
4. **Personal Statement:** on a separate piece of paper, detail the extenuating circumstances that have taken place and what steps you have taken to ensure your future success at UB. In addition, if you are a reentry student or have been granted a deferred dismissal please include this in your statement.

**Section 2: Statement of Understanding and Signature**

Check each box to acknowledge that you have read and understand the terms and conditions

- I understand that I must be currently registered for the current term prior to submitting an appeal.
- I understand that I am responsible for all charges incurred regardless of the NYS Appeal status.
- I understand that I can only be granted one **Program Pursuit Waiver** during my undergraduate career.
- I understand the Program Pursuit Waiver may be granted on condition there is reasonable expectation the student will meet future requirements.
- I understand an appeal may not be granted because of an incomplete grade and/or not being in an approved major.
- I understand that the submission of an appeal does not guarantee approval; and **the committee decision is final.**
- Reinstatement to the university or an approved academic withdrawal does not guarantee receipt of financial aid.

\_\_\_\_\_  
**Student Signature** (Cannot be typed)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Advisors Signature** (Cannot be typed)

\_\_\_\_\_  
**Date**