

Student Signature (Cannot be typed)

## 2023-2024 New York State Aid: C Average and Program Pursuit Appeal (Excluding STEM and Excelsior)

Date

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/. 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 All Financial Aid forms require your legal name Person Number: First Name Last Name: Instructions Complete the appropriate sections of the appeal form and submit by the corresponding deadline: Fall deadline: January 15th Summer deadline: August 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 2023 ☐ Fall 2023 ■ Spring 2024 2. I am requesting an appeal for the loss of Financial Aid eligibility for the following reason(s): ☐ C Average Requirement Waiver: ☐ Program Pursuit Requirements Waiver: I am on my 5<sup>th</sup> TAP payment or higher and did not I did not complete the minimum number of credits meet the 2.0 Grade Point Average Standard. as required. **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. 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.