

# FINANCIAL AID WAIVER REQUEST

No waivers will be accepted after the first day of class

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

ID \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_  
Phone# \_\_\_\_\_

I am requesting a waiver for my:

Federal Aid ☐

State Aid ☐

Both ☐

If you wish to appeal, please complete the following questions: Please note that supporting documentation is required for all waivers. You may attach to this form or send supporting documentation separately.

- 1) What were the specific circumstances that hindered your academic performance during your most recent enrollment at MVCC?

- 2) Please indicate the date when the circumstances occurred. Be specific, and please note that the circumstance you are citing must have occurred during the semester which you failed to meet academic progress requirement.

- 3) State how the circumstances have been resolved, no longer exist or will no longer hinder your academic performance.

**\*The determination of your waiver request can be viewed in your SIRS account: Financial Aid > Eligibility > Academic Progress.**

For Office		Use Only	
State		Federal	
Approved	<input type="checkbox"/>	Approved	<input type="checkbox"/>
Denied	<input type="checkbox"/>	Denied	<input type="checkbox"/>

Please return this document to:  
Office of Financial Aid  
Mohawk Valley Community College  
1101 Sherman Drive, Utica, NY 13501  
FAX 315-731-5852

MOHAWK VALLEY COMMUNITY COLLEGE  
REQUEST FOR REINSTATEMENT OF FINANCIAL AID

To comply with Federal and NY State Regulations, Mohawk Valley Community college is required to monitor whether a student is maintaining **Satisfactory Academic Progress** and progressing toward a degree or certificate within a set timeframe. If you have received notification from this office that you have lost eligibility for grants and/ or student loans, you are offered the opportunity to submit an appeal for reinstatement of financial aid funds. If the appeal is approved, you will be placed on financial aid probation for the upcoming semester; during that semester you must complete all classes with a passing grade.

**Instructions:**

You must acknowledge this form before submitting the appeal request. The request must include the following:

- Your statement explaining the circumstances that prevented you from completing the semester or previous semesters successfully.
- Steps you have taken to resolve the circumstances so they will not prevent you again from completion of a successful semester.
- Documentation to support the appeal request.

**Student Certification:**

- I have read the above statement and have reviewed the SAP policy as outlined on the website.
- I will submit a detailed explanation of the circumstances that prevented me from successfully completing the semester (or past semesters).
- If this appeal is not approved, I understand I am responsible for tuition and fees if I attend.
- I understand approval is not guaranteed.
- I understand if this appeal is approved, I am expected to complete all classes with a passing grade.
- Although my appeal may be approved this semester, I understand that until I meet the standards of progress, I may need to file future requests.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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