SATISFACTORY ACADEMIC PROGRESS WAIVER FORM
FOR FEDERAL FINANCIAL AID

Student’s Name: ____________________________________________
Last Name                                                      First Name
Current Date: ________________________

Student ID#: __________/__________/____________

Semester: ____________________________ Anticipated Graduation Date: ______________________

Section I: Instructions to Student
This form is used by students who are appealing the loss of their federal financial aid and must be submitted to the Office of Financial Aid no later than 30 days after being notified that you are not making Satisfactory Academic Progress (SAP). The appeal process is a component of federal SAP requirements and is intended to provide students an opportunity to improve their academic performance. Students will only be permitted to appeal twice under separate and distinct mitigating circumstances. Please review the Satisfactory Academic Progress Policy at: http://www.albany.edu/financialaid/requirements.shtml.

For this process, students must complete each of the following steps:
1. Attach a written statement (appeal) outlining what the circumstances were that prevented you from meeting SAP. Reasons for appeal may include: death in your immediate family, serious injury, illness or other mitigating circumstances.
2. Complete Section II of this form. Identify what steps you have or will be taking to improve your academic standing moving forward.
3. Complete Section III of this form. Meet with your academic advisor to review your plan to improve your academic standing. The advisor should make recommendations, comment and is required to sign. Note: This form will not be accepted without all sections completed.

Section II: Student’s Academic Improvement Plan
What measure will you take to achieve your academic goals?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Section III: Instructions to Academic Advisor
Thank you for assisting the above named student in reaching academic success. The student is currently appealing the loss of their federal financial aid due to not meeting satisfactory academic progress requirements. If you have met with the above named student, and believe the student’s plan, as outlined on this form, is adequate for the purpose of improving academic progress, please comment and sign below.

Section IV: Academic Advisor Recommendations
Advisor Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The academic improvement plan developed should assist the student in their pursuit of academic success moving forward.

_________________________________________  __________________________
Academic Advisor or Other Authorized Signature           Date

_________________________________________  __________________________
Student’s Signature                               Date