

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. **All Financial Aid Forms require your legal name.**
- Fax to 716-645-6566
- By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

First Name _____ Last Name: _____ Person Number: _____

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

1. I am requesting an appeal for the loss of Financial Aid eligibility for the following semester:
☐ Summer 2025 ☐ Fall 2025 ☐ Spring 2026
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 5th 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, 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