

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

Banner ID#: 800 \_\_\_\_\_

2025/26 – F02



**SUNY  
BROCKPORT**

## MITIGATING CIRCUMSTANCES APPEAL FORM FEDERAL FINANCIAL ASSISTANCE

Appeals will not be considered without this form and the following documentation:

- Provide a detailed statement regarding the circumstances leading to this request. Also include, what corrective measures have you taken or will take to succeed in meeting Satisfactory Academic Progress in the future semester(s). Please include details on getting or looking into: follow-up care, tutoring, academic success center workshops, or Accommodation supports from Student Accessibility Services (SAS)
- Any documentation from a professional (doctor, counselor, teacher etc. on letterhead) supporting the circumstances and validating the situation including what has changed or recommended accommodations, if applicable. The form cannot be processed without supporting documentation.

Appeals will not be considered after the following deadlines:

- June 14, 2025 if you are seeking aid for Summer 2025
- August 16, 2025 if you are seeking aid for Fall 2025
- January 20, 2026 if you are seeking aid for Spring 2026

### I. To Be Completed By the Student

Permanent Address: \_\_\_\_\_ Local Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Semester for which appeal is being made: \_\_\_\_\_

Please check the following box below that refers to your student status:

If my appeal is granted, I wish to: (check one)

☐ Be on probation for one semester. I understand that if I am not making Federal Satisfactory Academic Progress at the end of the semester, I will be ineligible for federal aid until I again meet the required standards.

☐ During my one semester of probation, I wish to establish an academic plan and will meet with my advisor to create a plan for the semester. I will establish my plan and present it to the Academic Compliance Officer located within the Academic Advisement Office (undergraduate students) or my Program Advisor (graduate students), for approval within the required deadline stated in my approved Mitigating Circumstances Appeal notification. I recognize that at the end of the above-named semester, I must meet the requirements necessary for Federal Satisfactory Academic Progress or follow the guidelines of my academic plan before I am eligible to receive additional payments of federal student financial assistance. **Please Note: Graduate students must have their plan approved by both their Program Advisor and the Graduate School.**



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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

F02 (5/22/25)

## II. To Be Completed By the Appeal Committee

☐ Appeal pending      Date: \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We have examined the documentation. We ☐ approve ☐ disapprove continued eligibility for Federal Student Financial Assistance due to mitigating circumstances stated above for the \_\_\_\_\_ semester.

Academic Plan Required:      ☐ Yes   ☐ No

\_\_\_\_\_  
SAP Coordinator Signature

\_\_\_\_\_  
Date

F02 (5/22/25)