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# • CAYUGA COMMUNITY COLLEGE •

Financial Aid Office • 197 Franklin Street, Auburn, NY 13021  
Auburn 315-255-1743 • Fulton 315-592-4143 • FAX 315-252-2185

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## Lost Eligibility Worksheet and Waiver Request Form

Waivers that are turned in after \_\_\_\_\_ will **not** be processed in time to be used as a deferral towards tuition and fees. You will be responsible for payment after this date.

### *Instructions:*

- ✓ Fill out page two – *Lost Eligibility Worksheet* by completing your name, SS# and Banner ID. Choose the appropriate explanation. If none of these reasons applies to your situation, a waiver probably WILL NOT be granted. Keep in mind that some options require documentation or an explanation of the circumstances. Waivers requiring documentation are only granted for circumstances beyond the student's control. Please note: leaving school or dropping classes in order to work is not grounds for a waiver. You cannot use the same reason for more than one waiver except for reason #5.
- ✓ Fill out page three – *Waiver Request Form* by completing name, SS# and Banner ID, address, whether it is for State or Federal Aid and sign the waiver.
- ✓ Fill out page four – *Authorization for Release of Health Records* only if there was a medical reason. Give this page to your medical provider to complete and return to our office.
- ✓ After you have completed pages two and three (and page four if applicable) make an appointment with a Student Development Counselor to review and sign your Waiver Request Form. Waivers will not be processed without a signature from their office.
- ✓ If Student Development signs your *Waiver Request Form*, return all pages to the Financial Aid Office for approval. You will be able to check the status of your waiver by logging in to your Banner account. It takes five to seven days to receive notification. A waiver may be granted only once for any particular situation.

**Please Note: If none of the reasons on page two applies to your situation, a waiver probably WILL NOT be granted.**

**For more complete information on maintaining aid eligibility please consult the CCC website at: [www.cayuga-cc.edu](http://www.cayuga-cc.edu).**

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## Lost Eligibility Worksheet

*To be returned to Financial Aid*

Name \_\_\_\_\_ SS# \_\_\_\_\_

Banner ID# \_\_\_\_\_

- Check the appropriate explanation. **If none of these reasons applies to your situation, a waiver probably WILL NOT be granted.** Please note: **You cannot use the same reason for more than one waiver except for reason #5.**
- NOTE: Leaving school or dropping classes in order to work is not grounds for a waiver.
- Waivers requiring documentation are only granted for circumstances beyond the student's control.
- A waiver may be granted only once for any particular situation.
- If you have questions on completing this form, contact the Financial Aid Office at (315) 255-1743 ext. 2470.

### Federal and/or State Aid

1. \_\_\_\_ I withdrew from a semester (or some classes) at Cayuga Community College within the last year due to illness, accident or death in the family.  
***REQUIRES DOCUMENTATION:*** For illness or accident, have your physician complete the enclosed confirmation form. **Do not submit actual medical records.** For a death in the family, attach a death certificate or copy of the obituary along with an explanation of your relationship to the deceased. Waivers for extenuating circumstances will not be granted for consecutive semesters.
2. \_\_\_\_ I was a student at CCC **over a year** ago with a poor academic record and now realize the importance of a college education.  
**NOTE: Two (2) full semesters must have passed since your last attendance.**  
Write a letter explaining the circumstances of your withdrawal from CCC and what has changed to make you believe you can now be successful.

### Federal Aid ONLY

3. \_\_\_\_ Other extenuating circumstances **beyond the student's control.**  
**REQUIRES OFFICIAL DOCUMENTATION from a source other than the student.**  
**The documentation must prove that (1) the situation occurred and (2) that it is unlikely to recur.**  
Waivers for extenuating circumstances will not be granted for consecutive semesters.
4. \_\_\_\_ I am in a second degree program that has been approved by the Student Development Office. (Note: Current degree evaluation must be attached). Generally there is a 2 semester maximum for completing a second degree.
5. \_\_\_\_ I previously attended CCC without successfully completing the required number of credits. However, I have just completed a semester of **6 credits or more with a 2.0 GPA for that semester, no withdrawals and no F's.** (Attach grade report from prior semester).

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## Waiver Request Form New York State and Federal Student Financial Aid

Before completing the Waiver Request Form, a student should read and complete the Lost Eligibility Worksheet.

### 1. To be completed by student:

Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Banner ID # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

I request a waiver for: \_\_\_\_\_ State Aid \_\_\_\_\_ Federal Aid

**I understand that a waiver may be granted only once for New York State awards and only twice for Federal awards. I also recognize that at the end of the semester for which the waiver is granted:**

- ✓ I must fulfill the minimum standards required for continued receipt of financial aid *or*
- ✓ I may apply for an extension of my waiver if I was registered for 6 or more credits and completed all credits, (no F's, or W's), with a 2.0 GPA or higher.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### 2. To Be Completed by Student Development Counselor

I have reviewed this waiver request. Based upon the documentation provided (if required) and my evaluation of this student's potential for academic success, I recommend:

Approval \_\_\_\_\_ Disapproval \_\_\_\_\_ of this request.

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

### 3. To be Completed by the Director of Financial Aid

Based on the documentation provided and the counselor recommendation, this request is:

Federal: Approved \_\_\_\_\_ Denied \_\_\_\_\_ State: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Comments and conditions \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

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## Authorization for Release of Health Records

(To be completed by student)

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

Social Security # \_\_\_\_\_ Banner ID # \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Confirmation of illness/accident

(To be completed by your physician)

I certify that \_\_\_\_\_ was treated by me  
from (date) \_\_\_\_\_ to \_\_\_\_\_ due to illness,  
accident or complications of pregnancy. (NOTE: normal pregnancy should not be included.)

### **Please check both if they apply:**

\_\_\_\_\_ During this period of time the student was unable to attend classes.

\_\_\_\_\_ The student is now able to return to classes.

Additional Comments

\_\_\_\_\_  
\_\_\_\_\_

Physician signature \_\_\_\_\_

Physician printed name \_\_\_\_\_

Physician phone number \_\_\_\_\_

Date \_\_\_\_\_