

**Buffalo State College**

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

Student Name \_\_\_\_\_  
Last Name First Name MI

Student Phone: \_\_\_\_\_

Buff State Email: \_\_\_\_\_

**Unusual Enrollment History (UEH) Appeal Form  
 2016-2017 Award Year**

**Students Cumulative GPA** \_\_\_\_\_

The Department of Education (ED) implemented new regulations to prevent fraud and abuse of Federal Aid Programs by identifying students with unusual enrollment histories when processing the 2016-2017 Free Application for Federal Student Aid (FAFSA). As a result, federal Title IV financial aid eligibility (including Pell Grant and Direct Loans, etc.) for selected students will be terminated.

However, a student has a right to appeal the loss of federal financial aid eligibility if mitigating circumstances (events totally beyond the student’s control) existed. To apply for this special consideration, the student must complete the UEH Appeal Form, attach supporting documentation to corroborate the claim of mitigating circumstances (see below), and a completed Academic Plan with your academic advisor.

**UEH Appeal Instructions**

(Complete the 4 steps below prior to submitting your UEH Appeal)

**1. Complete the UEH Appeal Form**

Attach the appropriate supporting documentation. Incomplete appeal packages will be **denied**.

**2. Personal Statement:**

- a. **On a separate sheet of paper**, provide a detailed, signed, personal statement explaining how the mitigating circumstances **stopped** you from earning credit hours at each of the three (3) colleges you attended prior to Buffalo State.
- a. Describe the steps taken to prevent these circumstances from **affecting** your future academic performance.

**3. 2016-2017: UEH Appeal Reason:**

Please check the appropriate mitigating circumstance(s) and provide the requested supporting documentation.

**Serious illness or injury of student**

Attach a written statement from a physician or medical professional on official letterhead and indicate the nature of the illness. You must include the dates of the illness or injury.

**Serious illness or injury of immediate family member as defined below:**

- Your Parents (Mother, Father)
- Your Siblings (Brothers, Sisters)
- Your Children (Sons, Daughters)

Attach a written statement from a physician or medical professional on official letterhead and indicate the nature of the illness. You must include the dates of the illness or injury.

**Please return completed form and supporting documentation to:**  
**Financial Aid Office, Moot Hall 230**  
**Buffalo State, 1300 Elmwood Avenue, Buffalo, NY 14222**  
**Fax: (716) 878-4903**

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

**2016-2017: UEH Appeal Reason – Continued**

**Death of immediate family member as defined below:**

- Your Parents (Mother, Father)
- Your Siblings (Brothers, Sisters)
- Your Children (Sons, Daughters)

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. Also, specify how this death impacted your ability to be successful.

**Other Unusual Circumstances (e.g. military, house fire, crime victim, clemency, etc.)**

In your Personal Statement, provide a detailed explanation regarding the nature of the unexpected circumstances. You must provide supporting documentation to corroborate your statements.

**4. Certification and Signature:**

By checking each box and signing my name below, I hereby acknowledge that I have read and understood the terms and conditions pertaining to the 2016-2017 UEH Appeal Form.

- I understand that the UEH Appeal Committee may deny my appeal and this decision is final.
- I understand that a denial decision means that I will not receive any federal financial aid until I successfully meet all UEH standards.
- By signing this form, I certify that the information on this form is truthful and accurate. If I provide false or misleading information, I understand that I may be fined, sent to prison or both.

\_\_\_\_\_  
**Student's Signature**

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

**UEH Appeal Committee Use Only**      **UGRD**      **CUM GPA** \_\_\_\_\_

**Name** \_\_\_\_\_      **Banner ID** \_\_\_\_\_

**Approved**      **Reinstate federal aid for the following semester(s):**

**Summer** \_\_\_\_\_      **Fall** \_\_\_\_\_      **J-Term** \_\_\_\_\_      **Spring** \_\_\_\_\_

**SAP Academic Plan Attached**      \_\_\_\_ Yes or \_\_\_\_ No

**Denied**      **Reason:** \_\_\_\_\_

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

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