



NEW YORK STATE HIGHER EDUCATION SERVICES CORPORATION (NYSHESC)
EXCELSIOR SCHOLARSHIP PROGRAM
Annual Credit or Continuous Enrollment Appeal Form

Deadline Date: Thursday, August 1, 2024

If you were recently notified of your ineligibility for the Excelsior Scholarship because you failed to meet the annual credit or continuous enrollment requirements, you may appeal if you meet one of the following conditions. Please be aware that only the circumstances indicated below will be considered as valid appeal reasons under State laws and regulations.

To request a review of your Excelsior eligibility, complete sections I through II of this form. The completed form must be sent from your Buffalo State email account to: finaid@buffalostate.edu

***Please note for that all required information and documentation must be provided when submitting the Annual Credit or Continuous Enrollment Appeal Form.**

The eligibility determination made upon review of your documentation shall be based on the rules governing the Excelsior Scholarship Program. Buffalo State's determination is final and it cannot be appealed.

I. STUDENT INFORMATION

1. Name (Last, First, MI): _____
2. Banner ID: _____ 3. Which semester requested for appeal: Fall 20____
Spring 20____

II. BASIS OF APPEAL

Check the basis for your appeal and provide the documentation as indicated.

	REASON	REQUIRED DOCUMENTATION
<input type="checkbox"/>	Death of an immediate family member <input type="checkbox"/> Your Parents (Mother, Father) <input type="checkbox"/> Your Siblings (Brothers, Sisters) <input type="checkbox"/> 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 meet the annual credit and/or continuous enrollment requirement.

<input type="checkbox"/>	Called to active military duty	Provide an official copy of your military orders. The dates of duties must be applicable to the academic year in which you failed to meet the annual credit and/or continuous enrollment requirement.
<input type="checkbox"/>	Interrupted your studies to take care of your new-born child (parental leave)	Provide child's birth certificate. The birth of the child must be applicable to the academic year in which you failed to meet the annual credit and/or continuous enrollment requirement.
<input type="checkbox"/>	Your medical or health care provider determines that your medical condition or mental health prevents you from beginning or continuing the term or from continuing a full-time course load.	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.
<input type="checkbox"/>	Interrupted your studies to care for an immediate family member, whose medical or health care provider has determined the need for additional support or care, which impacts your ability to begin or continue the term or from continuing a full-time course load.	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.

STUDENT AFFIRMATION (Required)

By my signature below, I affirm, under penalty of perjury, the information I provided, and any supporting documentation submitted are true and complete and will be accepted for all purposes as the equivalent of a sworn affidavit.

I understand that my appeal may be denied and this decision is final. If my appeal is denied, I further understand that my Excelsior eligibility will remain permanently terminated by NYSHESC.

Student Signature _____ **Date** _____