Buffalo State University

Banner ID: _____   Student Phone: _____

Name: _____   Date of Birth: _____

Deadline Date: Friday, August 1, 2025

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

Complete all sections of this appeal form and submit it, along with documentation, to finaid@buffalostate.edu. Appeals that do not have supporting documentation will be denied.

I. Basis of the Appeal
Check the appropriate boxes for your appeal and provide the required documentation.

	Reason	Required Documentation
☐	I have a disability under the ADA	To qualify under ADA, you MUST be registered with the university as an ADA student. HESC will verify that you are registered with the university.
☐	Death of an immediate family member 　☐ Your parents (mother, father) 　☐ Your siblings (brothers, sisters) 　☐ Your children (sons, daughters) 　☐ Your maternal/paternal grandparents 　☐ Your spouse	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 during the term specified.
☐	Called to active military duty	Provide an official copy of your military orders. The dates of duties must be applicable to the academic term/year in which you failed to meet the annual credit and/or continuous enrollment requirement.
☐	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 term/year in which you failed to meet the annual credit and/or continuous enrollment requirement.
☐	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. Must be applicable to the academic term/year in which you failed to meet the annual credit and/or continuous enrollment requirement.

☐	Interrupted your studies to care for an immediate family member, who's medical or heath 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. Must be applicable to the academic term/year in which you failed to meet the annual credit and/or continuous enrollment requirement.

II. Semester(s) Impacted

Indicate which semesters for which you are appealing (example: Fall 2024).

Fall 20_____   Spring 20 _____

III. Explain What Happened

Briefly describe how you were impacted and address why you failed to remain continuously enrolled and/or why you did not earn at least 30 credits in the academic year. Will the issue continue to create a hardship?   Attach a second page, if needed.

IV. Student Affirmation

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 _____