Rockland Community College
STATE UNIVERSITY OF NEW YORK

SAPA-O

Financial Aid
2026/27 Appeal for Reinstatement of Federal Financial Aid Eligibility

Last Name _____ First Name _____Student ID #_____
(please print)

Current Address _____

Cell Phone _____ Appeal for: Sum 2026 ____ Fall 2026 ____ Spr 2027____

I hereby request reinstatement of my academic eligibility to receive federal financial aid for the reason(s) checked below.

_____ A previous grade has been change by the professor. (***Do not check this reason if repeating the course***).

_____ A medical condition prevented successful completion of one or more semesters.
➡ ***Attach your signed and dated personal explanation along with third-party documentation of the condition. Examples of acceptable documentation include: a doctor's note, hospitalization records or other proof of the medical condition.***

_____ A death in the immediate family prevented successful completion of one or more semesters.
➡ ***Attach your signed and dated personal explanation along with third-party documentation of the death. Examples of acceptable documentation include: a copy of a death certificate, newspaper obituary, or other proof of the death.***

_____ Personal extenuating or extraordinary circumstances prevented successful completion of one or more semesters.
➡ ***Attach your signed and dated personal explanation and supporting documentation.***

Personal Explanation and Supporting Documentation

On a separate sheet of paper you must provide a detailed explanation of your justification for reinstating your financial aid eligibility. **Please sign and date the statement.** In your personal explanation, you must explain the reasons for your failure to meet the minimum requirements and why you now feel that you will be able to meet satisfactory academic progress standards in future terms. **No action will be taken without appropriate and complete supporting documentation.**

Certification

I hereby certify that all of the information contained in this appeal is true and complete. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my request will be denied and my eligibility for aid jeopardized.

Student Signature_____ Date_____

_____ Approved _____ Denied FA Administrator _____ Date _____