



NEW YORK STATE HIGHER EDUCATION SERVICES CORPORATION (NYSHESC) EXCELSIOR SCHOLARSHIP PROGRAM

Annual Credit/Continuous Enrollment Review Form

Student Name _____ Banner ID _____

Term to review _____ Current number of earned credits _____ Registered credits _____

Students recently notified that they are no longer eligible for the Excelsior Scholarship because they (a) failed to complete an average of at least 30 combined credits per year applicable to your degree program, (b) failed to have sufficient credits accepted at SUNY Adirondack for continued eligibility, or (c) failed to be continuously enrolled, have the opportunity to request review of eligibility if one of the following conditions are met. Please be aware that only the circumstances indicated below will be considered as valid reasons under New York State laws and regulations.

Please note for that all required information and documentation must be provided when submitting the Annual Credit/Continuous Enrollment Review Form. The eligibility determination made upon review of your documentation shall be based on the rules governing the Excelsior Scholarship Program. **The Financial Aid Appeal Committee’s determination of this review is final.**

To request a review of your Excelsior eligibility, please select the reason you have not met the annual credit and/or continuous enrollment requirement for the scholarship below and attach the required supporting documentation. **Note that incomplete applications will not be reviewed.**

<input type="checkbox"/>	Death of an immediate family member (<i>immediate is defined by NYSHESC as spouse, parent/stepparent, sibling, child, or grandparent</i>)	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.
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<input type="checkbox"/>	Interrupted your studies to take care of your newborn child (parental leave)	Provide child’s birth certificate. The birth of the child must be within one year of when you failed to meet the annual credit and/or continuous enrollment requirement.
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SUNYADIRONDACK

A State University of New York Community College

<p>Interrupted your studies to take care of an immediate family member <i>(immediate is defined by NYSHESC spouse, parent/stepparent, sibling, child, or grandparent)</i></p>	<p>Attach a written statement from the family member's physician/ healthcare provider stating the student's relationship to the patient and the dates in which supervision/assistance was required. Breaks in attendance must coincide with the dates the family member was under your care.</p>
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<p>Interrupted your studies for a personal medical and/or mental health condition</p>	<p>Attach a written statement from your physician/healthcare provider explaining how your medical condition interfered with earning all credits attempted and/or attending a semester. <i>This statement must include exact dates and duration of your condition.</i> Breaks in attendance must coincide with the dates provided. If the medical condition required a change in program/major, this must also be indicated.</p>
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<p>Called to Active Military Duty</p>	<p>Provide an copy of your official Department of Defense 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.</p>
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STUDENT AFFIRMATION

By signing 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 this request may be denied and the decision made by the SUNY Adirondack Financial Aid Appeal Committee is final.

If denied, I further understand that my Excelsior eligibility will remain permanently terminated by NYSHESC.

Student Signature _____ Date _____

For Office Use Only:

Award year: _____ Term: _____

Approved? Y / N

Staff signature: _____