



State Grant and Special Programs
1200 North Seventh Street, Harrisburg, PA 17102-1444

STATE GRANT PROGRAM
2007-08 ACADEMIC PROGRESS EXCEPTION FORM

Print Student's Full Name

Social Security Number

This form must be completed by you and the financial aid administrator at the school you attended during the terms identified below. It must be returned to the Pennsylvania Higher Education Assistance Agency (PHEAA), State Grant and Special Programs, 1200 North Seventh Street, Harrisburg, PA 17102-1444 within 30 days. No data will be accepted after April 1, 2008.

STUDENT: PLEASE COMPLETE ALL OF THE FOLLOWING REQUESTED INFORMATION.

Indicate all terms included in the most recent academic year for which you received State Grant aid:

Table with 3 columns: TERM, DATES OF ENROLLMENT, CREDITS PASSED. Includes four rows of blank lines for data entry.

Did you withdraw before completing a term? Yes _____ No _____ Term: _____

Indicate the reason(s) for the withdrawal or failure to pass courses:

Two horizontal lines for writing the reason(s) for withdrawal or failure to pass courses.

I UNDERSTAND THAT THE PENALTY FOR SUBMITTING FRAUDULENT INFORMATION ON THIS FORM MAY BE REPAYMENT OF TRIPLE ANY AMOUNT OF MONEY RECEIVED PLUS A FINE AND/OR IMPRISONMENT.

SIGN HERE _____
Student's Signature Date

FINANCIAL AID ADMINISTRATOR: PLEASE COMPLETE ALL OF THE FOLLOWING ITEMS.

- (1) Do you agree with the information provided above? YES _____ NO _____
(2) Date of student's withdrawal according to school records. _____
(3) Would your institution be willing to grant an exception to academic progress for the reasons stated by the student? YES _____ NO _____
(4) Is the student enrolled full-time for the current term? YES _____ NO _____
(5) Explain on the reverse side your knowledge of the condition(s) of the student's withdrawal and academic standing.

Financial Aid Administrator's Signature

School Name

Date