

SB 1210 Exemption/Waiver Appeal Request

-	LAST NAME	FIRST NAME	CID#
or waive Undergi Excess	ers must meet Financial Aid's Satisfact raduates and 3.0 for Post-Baccalaure	passed Senate Bill 1210 which states that recory Academic Progress (SAP) requirement of eates and Graduates and be registered for for some exemptions. Students must follow waivers.	a grade point average (GPA) of 2.0 for Selective Service. Also, if you are it
with all		aluation of the suspension of waivers/exemp the Office of Student Accounts. Appeals w sion is made.	
STEP 1	: Check the appropriate box(es) belo	ow that best describes the situation for which y	you are seeking an appeal
STEP 2	provide a personal letter with your	pelow and/or other documents you feel are relown detailed explanation of the event(s) with a letter must also indicate what actions or steps minimum GPA requirements.	appropriate reference to specific dates
	udent's ability to meet minimum GPA r	edical circumstances of the student or immedi equirements while enrolled at ASU. doctor or hospital bills, insurance benefit state	•
	e death of a relative or close friend. Supporting documentation such as:	ersonal circumstances may include personal death/birth certificates, letter from other party rence letter, medical professional reference letc.	who can attest to your statements,
cr	 Excessive Hours Requirement: Students may have exceeded maximum eligibility of hours due to the number of transfer credit hours, changes in the requirements for specific degree programs, seeking dual degrees, or for other academic or personal situations. Explanation of reason for requiring excess hours is required. This statement should also indicate the required numb hours remaining for completion of your degree. 		degrees, or for other academic or
		UDENT CERTIFICATION STATEMENT	
✓ ✓	arrangements by the tuition deadline I understand if my appeal is: Approved: I will be granted Denied: I will not receive m appeal this denial for this s	form does not constitute an approval of my ape should my waiver/exemption not be awarded my waiver/exemption on a semester by sementy waiver/exemption and will make alternative emester. I understand that in order to regain	d by that date ester status payment arrangements. I cannot
√ √	exemption and/or waiver appeal will	information listed above and that I understand be approved ontained in this appeal, including the persona	· ·
St	tudent's Signature:	Date:	
		ed documentation to: Student Accounts, An 2-2701 or save & attach as PDF & send to bill	
		OFFICE USE ONLY	
Date Ready	-=====================================		Decision Date: Approved Denied