



State Grant and Special Programs
Phone: 1-800-692-7392 Fax: 717-720-3786

01/09

PENNSYLVANIA STATE GRANT PROGRAM
2009-10 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 PHEAA, P.O. Box 8141, Harrisburg, PA 17105-8141 within 30 days. No data will be accepted after April 1, 2010.

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. Appropriate supporting documentation must be attached or this request will not be processed.

Blank lines for providing reasons 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) Is the student enrolled full-time for the current term? YES \_\_\_\_\_ NO \_\_\_\_\_
(4) 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