



State Grant and Special Programs
Phone: 1-800-692-7392 Fax: 717-720-3786
P.O. Box 8157, Harrisburg, PA 17105-8157

PENNSYLVANIA STATE GRANT PROGRAM
2023-24 ACADEMIC PROGRESS EXCEPTION FORM

Print Student's Full Name

Social Security Number or Account 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 8157, Harrisburg, PA 17105-8157 within 30 days. No data will be accepted after April 1, 2024.

STUDENT: PLEASE COMPLETE ALL OF THE FOLLOWING REQUESTED INFORMATION.

Indicate all terms included in the most recent academic year for which you received PA 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.

Two horizontal 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 Printed Name and Signature Date School Name

