PENNSYLVANIA STATE GRANT PROGRAM
2013-14 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 8157, Harrisburg, PA 17105-8157 within 30 days. No data will be accepted after April 1, 2014.

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:

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<th>TERM</th>
<th>DATES OF ENROLLMENT</th>
<th>CREDITS PASSED</th>
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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.

____________________________________________________________________________________________
____________________________________________________________________________________________

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

SS-13-14SGProgAcadProgressExcepForm-0513