

This form is used to request a re-evaluation of your eligibility for the New York State Excelsior Scholarship. To determine your eligibility, it is imperative to submit documentation in support of your appeal. Please email **Tap@hunter.cuny.edu** **once all documents have been uploaded**. Deadline for Fall 2024 and Spring 2025 appeals is December 31, 2025.

The New York State Excelsior Scholarship requires continuous enrollment along with other requirements to maintain eligibility. If you have been determined ineligible, you may request a re-evaluation if you:

- failed to complete an average of at least 30 combined credits per year applicable to your degree program, or
- failed to have sufficient credits accepted by your transfer college, or
- failed to be continuously enrolled

### Interruptions in Study

By State law, applicants who completed fewer credits than required and/or had a break in attendance due to:

- a. the death or illness of a family member,
- b. documented medical leave,
- c. active military service,
- d. parental leave,
- e. or, a disability as defined by the Americans with Disabilities Act of 1990, as amended, may still be determined eligible for an Excelsior Scholarship award
- f. one term break in attendance if transferring from a college with a non-standard Academic Calendar (examples: LaGuardia Community College (LAG), Kingsborough Community College (KCC), and/or Guttman Community College (GCC)).

If you meet one of these conditions, please complete **sections I through IV** below. If you had **a medical diagnosis** and were instructed to reduce your coursework or withdraw for a term by your physician or health care provider, you **must have your physician/health care provider complete section V**. Once all applicable sections have been completed, please log into your student CUNYfirst account, and upload the completed form and all required documentation.

Please indicate if you will be completing **Section V**.

**Section V** (Medical Information) form can be found on [attached to this form](#).

**Please note that failure to provide all required information and documentation will result in a denial of your appeal.**

The eligibility determination made upon reviewing your documentation shall be based on the rules governing the Excelsior Scholarship and shall be the final agency determination.

## I. Student Information

_____	_____	_____
First Name	Last Name	M.I.
_____	_____	_____
College	Student ID	Date
_____	_____	_____
Phone	Email	Academic Year

### ii. Reason for interruption in your studies (Please select one of the reasons below)

Condition	Requirements	Things to Notice
<input type="checkbox"/> One term break in attendance if transferring from LAG/KCC/GCC to standard term college	Student must be enrolled and complete last session of a term at LAG/KCC/GCC and is unable to start at new standard term college as the terms are concurrent	CUNY will verify that there is no full-term break between the last session at LAG/KCC/GCC and that the student could not commence at a standard college the following term
<input type="checkbox"/> I have a disability under the ADA	To qualify under ADA, you must be registered with your college as an ADA student	CUNY will verify that you are registered as an ADA student with your college
<input type="checkbox"/> I have/had a medical diagnosis that required that I leave school or attend less than full time	1. Section V completed by your physician/health care provider	The break in attendance or decrease in credits must coincide with dates from your physician/health care provider. Any additional documentation from physician/health care provider must be on official letterhead
<input type="checkbox"/> I took parental leave	1. Typed personal statement in space provided below 2. Birth Certificate	The break in attendance or decrease in credits must be within one year of newborn's birth
<input type="checkbox"/> An immediate family member was ill or experienced a major medical issue and I was unable to continue full-time	1. Detailed explanation of how extenuating circumstances beyond your control prevented you from meeting the requirements. Please use space provided below	Ill family member or healthcare proxy must obtain documentation from health care provider stating that family member was under the care of the student. Documentation must be on official letterhead and include relationship to patient and dates in which supervision and/assistance was required
<input type="checkbox"/> I was called to active military duty	1. Typed personal statement in space provided below 2. Department of Defense Orders	Personal statement below must include dates of service/deployment
<input type="checkbox"/> Bereavement — Death of an immediate family member	1. Typed personal statement in space provided below. 2. Death Certificate and/or copy of Obituary	Personal statement must include your relationship to the deceased. The break in attendance or decrease in credits must coincide with the date the immediate family member died

### III. Personal Statement

Please provide a brief personal statement explaining the circumstances resulting in your interruption in studies which prevented you from meeting the eligibility requirements.

"Note: Circumstances listed below may not meet the criteria as defined by State Education Law to enable you to retain your Excelsior Scholarship.

### IV. Disclaimer and Signature

I understand that if I purposely give false or misleading information, I could be fined, jailed or both.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**V. Medical Information**

If you have indicated that you have/had a medical diagnosis that required that you to leave school or attend less than full time, your licensed physician/health care provider must complete this section.

***To be filled out by your licensed physician/health care provider.***

The above patient is an applicant for a NYS scholarship administered by the Higher Education Services Corporation (HESC). The Program eligibility determination will be determined by The City University of New York – CUNY.

For CUNY to make an eligibility determination, please provide the following information. Use additional sheets, on physician/ health care provider's letterhead, if necessary. Please complete section V in its entirety. Incomplete medical information may result in the denial of the student's application.

1. Was it your medical recommendation that the student stop and/or reduce their college coursework based on his/her medical condition?

☐ Yes    ☐ No

2. Please indicate the period when the student's medical condition impacted his/her college attendance:

☐ Student needed to stop his/her college studies

This occurred from (start to end) \_\_\_\_\_ to \_\_\_\_\_

☐ Student needed to reduce his/her college course load.

This occurred from (start to end) \_\_\_\_\_ to \_\_\_\_\_

3. If applicable, did the student's medical condition necessitate a change in his/her program of study?

☐ Yes    ☐ No

4. Did the student change the college he/she attends due to the medical condition?

☐ Yes    ☐ No

5. Briefly explain how/why this student's medical condition impacts his/her college attendance and if this student has any restriction upon returning to his/her college studies.

6. Additional Documentation attached ☐

**Physician/Health Care Provider Affirmation**

By signing below, I affirm, under the penalty of perjury that the information I provided is true and complete based on my professional medical judgment and the medical records maintained in the ordinary course of business.

\_\_\_\_\_  
Physician/Health Care Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Professional License Number/State

\_\_\_\_\_  
Phone Number

Physician's Stamp