INSTRUCTIONS:

Any student who failed to meet Satisfactory Academic progress and/or Pursuit for State Aid (TAP) eligibility may request a waiver.

1. Please complete Section A and B of the form.

2. Attach copies of all documentation to support your request. For example include any of the following documents to support your request:
   - **Medical**- Personal illness involving hospitalization or extended home confinement under a physician’s supervision or illness of an immediate family member.
   - **Employment**- Change in student’s work schedule beyond student’s control, and upon which the student and family are dependent.
   - **Military**- Duty or temporary incarceration must provide documentation.
   - **Death**- of an immediate family member. Must provide copy of the death certificate during the time period and semester affected.

3. Return this completed form with all supporting documentation to C-107.

4. You will be notified of a decision within 30 days after submission.

   **The decision of the committee is final.**
2017-2018 STATE SATISFACTORY ACADEMIC PROGRESS APPEAL

Section A.

Name ____________________________  Student ID# _____ - _____ - _____
(Print)  Last  First

Address ____________________________  __________________________
Street  City  State  Zip

Telephone (____) _______ - _______  E-mail __________________________

Section B.
Please explain what has changed in your circumstances that will enable you to successfully meet satisfactory academic progress standards at the end of the current term.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Pursuant to Sections 207, 602 and 665 of New York State Education Law and Sections 145-2.2 (Sub-paragraph E), I hereby request that a waiver from the requirements for New York State academic progress and / or pursuit standards be granted to me for the semester: Fall / Spring (circle one) 20 _____. I understand that if granted, this will be the only waiver I could receive during my undergraduate career.

___________________________  ________________
Student’s Signature  Date

Received by:

___________________________  ____________________  _____________
Staff Name (Print)  Staff Signature  Date
TAP Payments # ________________

☐ G.P.A. : ________________

☐ Credits Earned: ________________

☐ Program Pursuit: ________________

Type of Waiver:

- Progress ☐
- Pursuit ☐
- C-Average ☐

Previous Waiver:   Yes ☐    No ☐

Waiver Granted :   Yes ☐    No ☐

_________________________________________  ________________
TAP Certifying Officer                  Date