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.
Section A.

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

Address _______________________________   ___________________   ___________________   ___________
_________________________   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