



2019-2020 STATE AID (TAP) SATISFACTORY ACADEMIC PROGRESS APPEAL

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.



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Section A.

Name (Print)	_____	_____	Student ID#	-----	_____
	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



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SFS Office Use Only

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