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.*
2019-2020 STATE SATISFACTORY ACADEMIC PROGRESS APPEAL

Section A.

Name ________________________________ Student ID# _______________
(Print) Last First

Address ________________________________ City __________ State _____ Zip
Street

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 (Subparagraph 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