

**2023-2024 STATE AID (TAP) SATISFACTORY ACADEMIC PROGRESS APPEAL**

***Deadlines to apply for TAP appeal are below:***

***Fall 2023 - December 18, 2023***

***Spring 2024 - June 16, 2024***

**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. Please submit your completed form with all supporting documentation to CUNY Student Document Upload. In the subject line enter “LaGuardia Financial Aid TAP” [CunyFirst Document upload Instructions](#)
4. You will be notified of a decision within 30 days after submission.

**The decision is final and cannot be appealed.**

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**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.

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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) \_\_\_\_\_. **I understand that if granted, this will be the only waiver I could receive during my undergraduate career.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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Received by:

\_\_\_\_\_  
Staff Name (print)

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

**SFS Office Use Only**

TAP payments # \_\_\_\_\_

G.P.A \_\_\_\_\_

Type of Waiver: Progress

Credits Earned \_\_\_\_\_

Pursuit

Program Pursuit \_\_\_\_\_

C- Average

Previous Waiver: Yes  NO

Waiver Granted: Yes  NO

\_\_\_\_\_  
TAP Certifying Officer

\_\_\_\_\_  
Date