

**REQUEST FOR ONE-TIME-ONLY WAIVER OF
SATISFACTORY ACADEMIC PROGRESS REQUIREMENTS
FOR NYS AWARDS, INCLUDING TAP**

Student's Name _____ **ID** _____

I hereby request a **one-time waiver** of the Satisfactory Academic Progress requirements for the continued receipt of New York State Awards, in order to regain eligibility for an award for the _____ semester. I have read and understand the policies surrounding the issuance of a waiver as they are stated below:

1. The waiver is NOT automatic.
2. The waiver is intended only to accommodate extraordinary or unusual cases.
3. The waiver process will include an assessment of the reasons for a student's failure to meet requirements.
4. The waiver will be granted only when there is a reasonable expectation that the student will meet future requirements.

Attached to this form is my personal statement that provides the reason(s) for my request for a waiver of standards, as well as relevant documentation to support this request. I have also outlined my plan of action for staying on target for continued TAP eligibility. I understand that I must obtain the signatures of either the Director **or** Associate Director of Financial Aid **and** the Dean of my School before the waiver is granted.

Student's Signature _____ Date _____

Dean's Signature _____ Date _____

Director or Associate Director of Financial Aid _____ Date _____

Financial Aid Office use only:			
Roster # _____	Term _____	CD _____	RA _____
Decision: _____			

Signature _____		Date _____	