



Registrar Office

3rd Floor Administration Bldg.

Phone 315-684-6066

Fax 315-684-6421

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TO: TAP Ineligible Student

FROM: Registrar

Our records indicate that you failed to meet the requirements for satisfactory academic progress for the Tuition Assistance Program (TAP). As a result, **you will not be eligible for any TAP award** for the following semester.

If you feel you may qualify for a one time waiver, please complete the attached form and forward it to **Marian Whitney, Registrar, 3rd Floor, Whipple Administration Building**. All waivers need to be received within three weeks of receiving this letter, along with your supporting documentation, in order to be considered.

**You only need to complete the attached form if you plan on returning to Morrisville State College and want to be considered for the New York State TAP award.**

If you have any questions, please feel free to contact this office.

Fall 20\_\_\_ /Spring 20\_\_\_

## TAP Ineligible Waiver Form New York State Financial Assistance

**To be Completed By the Student:**

Name \_\_\_\_\_ M# \_\_\_\_\_  
Home Address \_\_\_\_\_  
(Street) (City) (Zip Code)  
Home Telephone No. with Area Code (\_\_\_\_) \_\_\_\_\_  
School Address and Telephone No. \_\_\_\_\_

**Circumstances leading to request of Waiver  
(Documentation from Doctor, counselor, teacher, etc. must accompany this form):**

\_\_\_\_\_

\_\_\_\_\_

I understand this is the ONLY semester for which I may exercise this Waiver in any undergraduate program. I also recognize that at the end of the above named semester, I must meet the requirements necessary for academic progress and pursuit of program before I am eligible to receive additional payments of New York State student financial assistance. I will meet with representatives of Academic Advising or the Dean's Office and Student Financial Aid to discuss the feasibility of this request.

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**I. To Be Completed By the Registrar:**

I have examined the documentation and met with the student and because of the circumstances stated below:

a) Circumstances \_\_\_\_\_

\_\_\_\_\_

b) Corrective action taken or planned by student to correct deficiency in program

pursuit or academic progress

\_\_\_\_\_

I Approve ( ) Disapprove ( ) a waiver of the academic progress and/or program pursuit requirements for New York State student financial assistance for the \_\_\_\_\_ semester(s).

\_\_\_\_\_  
Signature of Registrar \_\_\_\_\_ Date \_\_\_\_\_

Distribution: Registrar's Office  
Financial Aid Office