



TAP Ineligible Waiver Form
New York State Financial Assistance

IMPORTANT: All documentation will remain confidential unless you permit otherwise.

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

Students not meeting the minimum academic standards for NYS TAP may have the option to submit an appeal to have their aid reinstated. Follow the steps below to begin the appeal process.

Step 1: Review & Sign this TAP Waiver form

If appealing, students must review, sign and submit this form.

Step 2: Submit Signed Statement

Students must explain why they failed to make satisfactory academic progress and what has changed in their situation that will allow the student to meet the standards at the next evaluation. The reason for failing to make satisfactory progress must be something outside the students control. A signed statement by the student is required.

Step 3: Supporting Documentation

The student must submit documentation that supports their appeal (see examples below):

Circumstances that may be considered and examples of possible documentation:

- Serious illness (doctor's statement)
- Death of immediate family member (death certificate, obituary)
- Extreme personal, emotional or psychological stress (statement from a counselor)
- Serious and/or unusual personal circumstances outside of the student's control (statement from an unbiased, third party professional such as a counselor, clergy, court records, etc. who can verify the claim)

By signing below, I understand that I am applying for a waiver of financial aid academic progress requirements. I understand that the above documentation is required for a waiver request to be reviewed and that the TAP certifying officer has the right to request additional documentation. I also confirm that the information given is true and accurate. I understand that giving misinformation will lead to my waiver being denied. **I additionally understand that TAP waivers for NYS aid can only be used once in my college career.**

I am requesting a TAP waiver for the _____ semester.

Student Name _____ Morrisville ID (M#) _____

Student Signature _____ Date: _____

Return completed documentation to:

TAP Certifying Officer
Whipple Administration Building, Rm. 305
Fax: 315.684.6421
Email: registrar@morrisville.edu

To be completed by the TAP Certification Officer:

I _____ Approve _____ Deny the TAP waiver for the _____ semester.

Signature: _____ Date: _____