

**Waiver Request Form**  
**New York State TAP Assistance**  
Phone: 1-800-4-ALFRED (option 2) FAX: 1-607-587-4298

**Instructions to the student for completing this form:**

Please complete the student section and mail or fax it to the Student Records and Financial Services Office, Alfred State College, Alfred, New York 14802, with the following required items:

1. A letter from you explaining the circumstances, which affected your ability to make academic progress as, outlined in your college catalog. Your letter also needs to outline what steps you have taken to insure future academic success.
2. Third-party documentation to verify the circumstances in your letter. An example would be a doctor's statement in the case of illness. Please contact the Student Records and Financial Services Office if you need clarification.
3. You will receive a letter from the Student Records and Financial Services Office Waiver Committee indicating approval/denial of your request.

**Student Section**

Student Name (print): \_\_\_\_\_ Student ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Semester and year this waiver is being requested for: \_\_\_\_\_

I am submitting this request with all required documentation to waive the eligibility requirements for New York State TAP financial aid for the semester indicated above. **I understand that I may receive only one TAP waiver at my current level of study and that I must meet established standards at the end of this semester to be eligible to receive additional payments of New York State assistance.**

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

**School Section**

The above student has submitted documentation, which is on file in the Student Records and Financial Services Office supporting his/her claim to difficult circumstances, which caused him/her to lose aid eligibility. The primary reason is checked below:

Serious illness to student/immediate family member       Death of immediate family member  
 Serious/unusual personal circumstances       Extreme personal emotional stress

After review by the appeal committee, the decision regarding this waiver request is checked below:

Approved       Denied       Pending/Incomplete (see comments below)

School Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to New York State Education Department Regulations of April 24, 1980, SUCA, in meeting part of those regulations, provides the special waiver form for students wishing to exercise their right to a one-time only waiver of established academic eligibility criteria under Section 145-2.2e of the regulations.

Notification to: Student/Student File/SAP File/Student Accounts/Records Office

Comments: \_\_\_\_\_  
\_\_\_\_\_

Director	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	<input type="checkbox"/> Date
Counselor	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	<input type="checkbox"/> Date
Counselor	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	<input type="checkbox"/> Date
Counselor	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	<input type="checkbox"/> Date