

ALFRED STATE COLLEGE
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 Financial Aid 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 or student handbook. 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 Financial Aid Office if you need clarification.**
3. **You will receive a letter from the Financial Aid Office Waiver Committee indicating approval/denial of your request.**

STUDENT SECTION

Student Name (print): _____ SS#: _____

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 Financial Aid 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	_____ Date
Counselor	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	_____ Date
Counselor	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	_____ Date
Counselor	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	_____ Date