



Office of Financial Aid
1 Academic Drive, Corning, NY 14830
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ONE TIME TAP Waiver Form

New York State Education regulations permit students to receive a **ONE TIME** waiver of the satisfactory academic progress requirement as an undergraduate student. If this waiver is granted, the student will have exhausted any future opportunity to have a TAP waiver approved.

The waiver is not automatic and is intended only to accommodate extenuating circumstances or unusual cases. **The waiver is only applicable when there is a reasonable expectation that the student will meet future requirements by the end of the term for which this appeal is sought. Specific details regarding extenuating circumstances need to be reported, such as events and dates, and appropriate third party documentation is required.**

Student Last Name

First Name

CID Number or SSN

Semester: Fall Spring Year: _____

Please answer the following questions on a separate piece of paper. Be detailed. Submit this signed form, the basis for your appeal (the answer to the questions below) and the appropriate documentation of the situation.

1. What are the circumstances that have affected your academic progress last semester (or in prior semesters if applicable) which resulted in your failure to meet New York State eligibility requirements? Be specific, include dates and third party documentation if possible.
2. What steps have you taken to resolve these circumstances?
3. Why do you feel it is in your best interest to use the TAP Waiver at this time?

I affirm the information provided is true and is an accurate explanation of the circumstances that affected my academic progress. I also understand that I'm allowed only ONE TAP Waiver for my entire undergraduate education and I am requesting to use it at this time.

Student Signature

Date