New York State One-Time TAP Waiver Form

Student Information Section (PLEASE PRINT)

Name:_________________________________________   SLU ID:__________________
Telephone: (          )               -____________________  Major:___________________
Expected Graduation Year:_____________  SLU E-mail_________________________________
Term for which TAP reinstatement is requested: Fall______ Spring________ Year_______

The New York State Education regulations permit students to receive a one-time waiver of the good academic standing requirement during their undergraduate studies. If this waiver is granted, the student will have exhausted any future opportunity to have a TAP waiver approved.

Section 145-2.2 stipulates that the good academic standing requirements “may be waived once for an undergraduate student and once for a graduate student if an institution certifies, and maintains documentation, that such waiver is in the best interests of the student. Prior approval by the commissioner of the criteria and procedures used by an institution to consider and grant waivers shall not be required; however, the institution must make its criteria and procedures for waivers available to students and the public, either in writing or on its website. The commissioner may review such criteria and procedures in use, and require an institution to revise those found to be not acceptable.”

State Education Department guidelines on the use of waivers recommend that institutions appoint a waiver officer who will be responsible for reviewing waiver applications, making waiver decisions, and maintaining the necessary case record. Institutions are cautioned that not all students who fail to satisfy the good academic standing requirements are necessarily candidates for a waiver. For example, “difficulty adjusting to college life” is not a reasonable basis for a waiver, since that circumstance might apply to many students. Situations that caused a student to lose good academic standing should be beyond the student’s control, not chronic circumstances that cannot be remedied. With the additional term that results from approval of the waiver, a student should be able to regain good standing.

Basic principles in applying for a one-time TAP Waiver:

- The waiver is not automatic
- The waiver is intended only to accommodate extraordinary or unusual cases
- The waiver process includes an assessment of the reasons a student has failed to meet the requirements.
- The waiver may only be granted when there is a reasonable expectation that the student will meet future requirements and regain good academic standings

Submit the following items to The Office of Financial Aid

1. Completed One-Time Tap Waiver Form (front and back)
2. Statement of circumstances (typed) that have affected your academic progress last semester and have resulted in your failure to meet the New York State eligibility requirements. Please be specific as possible, including dates of occurrence, course work, family issues, illness etc.
3. Statement of ability to regain good academic standing and steps you are currently taking to ensure success in future terms. Include any changes you have made such as reduction in extra-curricular activities, changes in study habits, accessing additional support such as tutoring

I hereby request consideration for the granting of a one-time waiver of academic progress. I understand that the waiver, if granted, pertains only to the continued certification of my eligibility for payments of New York State Awards, and should not be construed as an exemption to fulfilling any of my academic requirements.

__________________________________________________________________________________

Student Signature          Date

School Section (For Office Use Only)

After review of your TAP waiver request, decision is:

☑ Approved, Reason:_________________________________________________________________

☐ Denied, Reason: ___________________________________________________________________

Tap Certifying Officer’s Signature: ________________________________________________

Financial Aid Director’s Signature: ________________________________________________

Date___________ TAP Points_______ Roster#_______ Submitted in HESC_________