



Office of Financial Aid

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Loch Sheldrake, NY 12759
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REQUEST FOR A WAIVER OF THE REQUIREMENTS FOR PURSUING AND MAINTAINING SATISFACTORY ACADEMIC PROGRESS FOR CONTINUED TAP CERTIFICATION.

Name (Last, First, MI): _____

Social Security Number: _____ Student ID: _____

Street Address _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Briefly describe your extenuating circumstances (Supporting documentation **must** be attached):

I understand that this request for waiver, if approved, will only be granted **once**.

Student's Signature: _____ Date _____

Certifying Officer's Statement:

Signature of Certifying Officer _____ Date: _____