



Office of Financial Aid

112 College Road
Loch Sheldrake, NY 12759
Email: finaid@sunysullivan.edu
Fax: (845)434-0014

TAP WAIVER POLICY

1. TAP Waivers are not automatic. Waivers are intended to accommodate extraordinary or unusual circumstances which has caused the student to not meet pursuit or progress requirements. (Examples: death of immediate family member, illness, etc.)
2. Student completes Request for Waiver Form, including the reasons for failure to meet requirements. Documentation to support student's statement **must** be attached to the waiver request.
3. The waiver request, along with documentation, is submitted to:

Adam Linko, TAP Certification Officer
Financial Aid Office
SUNY Sullivan
112 College Rd
Loch Sheldrake, NY 12759
FAX # - 845-434-0014
E-mail – alinko@sunysullivan.edu

4. The Certification Officer will review the request and determine if waiver is to be granted. A statement concerning the decision will be entered on the request form and a letter will be sent to the student stating the decision. If a negative response is given, the student can appeal the decision to the Director of Financial Aid.
5. All requests for waivers and the documentation will be kept in the TAP Certification Officer's files.

The waiver provision does not exist to provide one additional term of eligibility for all students who fail to meet pursuit or progress requirements. It is expected that most students who fail to meet pursuit or progress requirements will not be granted the waiver and hence will not receive any further State awards until they have regained good academic standing.

Each student is only allowed one waiver as an undergraduate student. Therefore, use of the waiver is an important option to the student.



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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: _____