

TAP WAIVER- Policies and Procedures

(Submit the following **three items** to The Office of Student Financial Services for your TAP Waiver):

1. **REQUEST FOR WAIVER OF ACADEMIC PROGRESS or PROGRAM PURSUIT REQUIREMENTS form**
(Complete and submit this to Student Financial Services immediately with item #2)
2. **Proof of the unusual circumstances** (Complete and submit this to Student Financial Services immediately with item #1)
3. **Letter from advisor or EOP counselor assessing your ability to meet future academic requirements**
(Your advisor may need additional time to determine your current status-**please make certain that the letter is submitted to Student Financial Services as soon as possible**)

1. The College at Purchase in accordance with New York State Education Department guidelines, permits students to request a waiver in the academic progress or program pursuit requirements for the continued eligibility for payment of State awards (e.g. – Tuition Assistance Program)

2. The following criteria applies to the granting of waivers:

- a. The waiver is **not automatic.**
- b. The waiver is intended **only** to **accommodate extraordinary or unusual circumstances.**
- c. The waiver process includes the assessment of the reasons for the failure to meet academic progress or program pursuit requirements.
- d. The waiver will be granted **only if there is good reason to believe the student will meet future requirements.**
- e. The waiver may be granted only once for undergraduate study, and only once for graduate study. In some instances, however, a student may receive more than one TAP waiver.
- f. **The waiver must be completed within 15 days** after the notification letter or email is issued by the Registrar.

3. In order to apply for a waiver, you must submit a completed request form to Student Financial Services **by the date indicated** in the notification letter initiated by the Registrar. Failure to request a waiver and provide all necessary documentation by the date specified shall be construed that you have no intention to pursue a waiver and you forfeit, therefore, entitlement to such consideration for that specific period of time.

4. Upon submission of the request form and documentation to prove the extraordinary circumstance, your documentation will be reviewed by a member of Student Financial Services. You may be asked to provide additional proof or information regarding your circumstances.

5. **When submitting the request for a waiver of the academic requirements, you should provide clear evidence to prove the conditions of the unusual circumstances (i.e.- clear doctor's letter, letter from lawyer if parent becomes separated, etc.) along with a letter from your faculty advisor, which would assess your ability to meet future academic requirements. EOP students must have a statement from their EOP counselor.**

6. The Associate and Assistant Directors of Financial Aid will evaluate the stated reasons given for your academic difficulty, review your academic records, and consult with other appropriate faculty members.

7. The Associate and Assistant Directors of Financial Aid will forward a recommendation to the Provost/Provost's designee who will make the final decision governing the use of a waiver.

8. If a waiver is not granted, you will be decertified for payment of your State award for the term indicated, and for future terms, until you meet the minimum requirements. If your State award was previously credited as an advance deferment of payment of tuition, decertification will result in your needing to make arrangements with Student Financial Services to pay the balance of your tuition no longer covered by your State award.

REQUEST FOR WAIVER OF ACADEMIC PROGRESS or PROGRAM PURSUIT REQUIREMENTS

NAME: _____ PID: _____

ACADEMIC PROGRAM OF STUDY: _____

COMPLETED CREDITS: _____ DATE OF ENTRY AT PURCHASE: _____

Month Year

CREDITS IN PROGRESS: _____ EXPECTED GRADUATION DATE: _____

Month Year

Are you now, or have you been previously, placed on academic probation? ____YES ____NO

If yes, please specify the academic terms covered by the probation (and whether you previously fulfilled the conditions of probation).

Please describe the reasons for your academic difficulty and how you plan to resolve your academic problems. (Attach a signed statement, if appropriate):

I hereby request consideration for the granting of a one-time waiver of academic progress or program pursuit requirements. I understand that the waiver, if granted, pertains only to the continued certification of my eligibility for payments of State awards, and should not be construed as an exemption to fulfilling any of my academic requirements at Purchase College. I also understand the purpose, intent, and general criteria for the granting of such waivers.

Date: _____

Signature: _____

*****THIS SECTION TO BE COMPLETED BY THE FINANCIAL AID OFFICE*****

RECOMMENDATION:

Documentation for this student became complete on _____ and was reviewed on _____

I recommend that: _____

Previous Tap
Waiver Issued?

☐ Yes ☐ No

Associate Director of Financial Aid Signature: _____ Date: _____

Financial Aid Official Signature: _____ Date: _____

*****THIS SECTION TO BE COMPLETED BY PROVOST'S OFFICE *****

WAIVER ACTION: (Please check one of the following)

Based upon the preceding information and in accordance with the New York State Education Department guidelines, the granting of a waiver for this student has been: ____Granted ____Not Granted

Provost Signature: _____ Date: _____