REQUEST FOR ONE-TIME-ONLY WAIVER OF SATISFACTORY ACADEMIC PROGRESS REQUIREMENTS FOR NYS AWARDS, INCLUDING TAP

Student’s Name ________________________________ ID __________________

I hereby request a one-time waiver of the Satisfactory Academic Progress requirements for the continued receipt of New York State Awards, in order to regain eligibility for an award for the ______________ semester. I have read and understand the policies surrounding the issuance of a waiver as they are stated below:

1. The waiver is NOT automatic.
2. The waiver is intended only to accommodate extraordinary or unusual cases.
3. The waiver request must be reviewed by The College of Saint Rose Institutional Status Review Committee.
4. The waiver process will include an assessment of the reasons for a student’s failure to meet requirements.
5. The waiver will be granted only when there is a reasonable expectation that the student will meet future requirements.

Attached to this form is my personal statement that provides the reason(s) for my request for a waiver of standards, as well as relevant documentation to support this request. I have also outlined my plan of action for staying on target for continued TAP eligibility.

__________________________________________________________
Student’s Signature ___________________________ Date

Financial Aid Office use only:

Roster # _________ Term ___________ CD ___________ RA ___________

Decision: ____________________________________________________________

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Signature __________________________________ Date ________________