Office of Financial Aid
Colston Hall, Room 504
P: 718.289.5700
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Bronx Community College
of The City University of New York
2155 University Avenue
Bronx, New York 10453

New York State TAP WAIVER FORM

Student Section (PLEASE PRINT)

Name: (Last) _____ (First) _____ SS#: _____

Telephone#: Home ( ) _____ Cell ( ) _____

Semester: _____ Year: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

TAP Waiver Procedures:

A student may apply for a TAP waiver in *"exceptional or extraordinary cases"* in which he/she has not met the academic criteria to receive a TAP award. In certain cases, the requirements regarding Academic Progress or Program Pursuit *"may be waived once for an undergraduate student and once for a graduate student if the institution maintains documentation, that such waiver is in the best interest of the student."* All other requirements to receive a TAP award must be met.

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.
- All waiver requests must be made in writing and include a letter of explanation along with any pertinent documentation supporting the waiver application.

Instructions on completing the TAP waiver process:

- Provide a letter explaining the circumstances which affected your ability to make academic progress as outlined in your college catalog. Your letter also needs to outline what steps you have taken to insure future academic success.
- Provide third-party documentation, **signed** and **dated**, to verify the circumstances in your letter. *(Example: Statement from Doctor/Lawyer, Hospital Records, etc.)*
- Fill out the Student Section at the top of this form and return it to the **Financial Aid Office**.

I am submitting this request with all required documentation to waive eligibility requirement for TAP for the semester indicated above. I understand that I may receive only one TAP waiver in my undergraduate career.

Student's Signature: _____ **Date:** _____

School Section (FOR OFFICE USE ONLY)

After review of your TAP waiver request by the Appeal Committee, decision is:

- ☐ **APPROVED** _____
- ☐ **DENIED** _____
- ☐ **INCOMPLETE** **Report to the Financial Aid Office**

TAP Points: _____
Roster # : _____

College Official's Signature: _____ **Date:** _____