

Registrar Office

Phone: (315) 684-6066
Fax: (315) 684-6421

TO: TAP Ineligible Student

FROM: Registrar

Our records indicate that you failed to meet the requirements for satisfactory academic progress for the Tuition Assistance Program (TAP). As a result, **you will not be eligible for any TAP award for the following semester.**

If you feel you may qualify for a one time waiver, please complete the attached form and forward it to **Marian Whitney, Registrar, 3rd Floor, Whipple Administration Building**. All waivers need to be received within three weeks of receiving this letter, along with your supporting documentation, in order to be considered.

You only need to complete the attached form if you plan on returning to Morrisville State College and want to be considered for the New York State TAP award.

If you have any questions, please feel free to contact this office.

Attachment



Fall 20____ /Spring 20____

TAP Ineligible Waiver Form New York State Financial Assistance

To be Completed By the Student:

Name _____ M# _____

Home Address

(Street)

(City)

(Zip Code)

Home Telephone No. with Area Code __ (____) _____

School Address and Telephone No. _____

**Circumstances leading to request of Waiver
(Documentation from Doctor, counselor, teacher, etc. must accompany this form):**

I understand this is the ONLY semester for which I may exercise this Waiver in any undergraduate program. I also recognize that at the end of the above named semester, I must meet the requirements necessary for academic progress and pursuit of program before I am eligible to receive additional payments of New York State student financial assistance. I will meet with representatives of Academic Advising or the Dean's Office and **Student Financial Aid** to discuss the feasibility of this request.

Student Signature

Date

I. **To Be Completed By the Registrar:**

I have examined the documentation and met with the student and because of the circumstances stated below:

a) Circumstances _____

b) Corrective action taken or planned by student to correct deficiency in program pursuit or academic progress

I Approve () Disapprove () a waiver of the academic progress and/or program pursuit requirements for New York State student financial assistance for the _____ semester(s).

Signature of Registrar

Date

Distribution: Registrar's Office
Financial Aid Office