

TAP/APTS Waiver Request Form

Name: _____ Banner ID: _____

Buffalo State e-mail: _____ Phone: _____

Semester for which TAP waiver should be considered: Spring 20____ Fall 20____ Other _____

The state aid regulations state that an institution may grant continued aid eligibility to a student if the institution determines that the student's failure to meet satisfactory academic progress and/or pursuit of program requirements is due to special circumstances. However, students are limited to one waiver of ineligibility as an undergraduate and one waiver as a graduate student. Examples of special circumstances include but are not limited to the death of a family member and injury or illness of the student. Please briefly indicate below the extenuating circumstances surrounding your request for a waiver of your state aid ineligibility and attach any supporting documentation (e.g. doctor's notes, supporting letters, death notices).

- ☐ Serious illness to student or immediate (i.e., parents, siblings, children, and spouses) family
- ☐ Death of immediate (i.e., parents, siblings, children, and spouses) family member
- ☐ Extreme personal emotional stress
- ☐ Serious and/or unusual personal circumstances (not already cited)

Briefly explain: _____

To be completed by Academic Standards Officer after reviewing student statement and documentation:

- ☐ Waiver is approved for the fall / spring / summer 20____ semester.
- ☐ Waiver is denied for the fall / spring / summer 20____ semester.
- ☐ Student is granted a 2.0 waiver for the fall / spring / summer 20____ semester.
- ☐ Student is within compliance for the fall / spring / summer 20____ semester. Request for waiver does not apply.
- ☐ Student has exhausted Tap eligibility. Request for waiver does not apply.

Notes: _____

Academic Standards Officer _____ Date _____

I understand that I am only entitled to one Tap eligibility waiver as an undergraduate student and one as a graduate student, even if I attend multiple institutions. I also understand that failure to meet eligibility requirements will result in loss of Tap for at least one semester.

Student Signature _____ Date _____

E-distribution: Academic Standards, Student Accounts, Financial Aid, student

Academic Standards Office • TR100, 1300 Elmwood Ave, Buffalo, NY 14222 • (716) 878-5222 • fax (716) 878-4037