Dear Student:

In September 1996, the State Education Department passed the following requirement to qualify for a Tuition Assistance Program (TAP) grant for a student’s 5th, 6th, 7th, or 8th semester of award.

After a student has received four semesters of an award from the TAP or APTS program, the student must have achieved a cumulative grade point average of a 2.0 or better to receive another award. If a student has received four semesters of TAP or APTS and the cumulative GPA is below 2.0, the student will not be eligible for further awards from the State until the GPA is once again at least 2.0.

In cases where there are unusual circumstances as to why the student could not obtain at least a 2.0, the student may request a waiver to reinstate the TAP or APTS by filing the attached waiver form and submitting documentation to support the request. The waiver should be completed and sent with documentation to the Financial Aid Office, P.O. Box 901, Whipple Administration Building, Morrisville State College, Morrisville, NY 13408.

(Form on Reverse Side)
FALL 20__/SPRING 20__

C-Average Waiver Form
New York State Student Financial Assistance

I. To be completed by the student:

Name________________________________ Social Security #: ________________________

Home Telephone No. With Area Code__(______)_____________________________________

School Address & Telephone No.____________________________________________________

Circumstances leading to request of Waiver {Documentation from Doctor, Counselor, Teacher, etc. must accompany this form)________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

I understand that I fell below the “C” average requirement determined by New York State. Please review my situation with the documentation provided to reinstate my TAP or APTS award for the next semester.

________________________________________________________                      ___________________________
Student Signature                                                              Date

II. To be completed by the Financial Aid Officer:

I have reviewed this student’s circumstances and will approve the request to reinstate this student’s State assistance.

Notes:________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

________________________________________              ___________________________
Signature of Financial Aid Officer                                              Date