2019-2020 TAP Waiver Form

(This form is also used to appeal the loss of NY State Scholarships or Grants)

SUSPENDED OR DISMISSED STUDENTS ARE NOT ELIGIBLE TO FILE A TAP WAIVER

Select term you are appealing the loss of your NY State Grant/Scholarship. Note: You may submit only one form per term. If you are appealing more than one term, you must submit multiple appeal forms.

Waivers and ALL supporting documentation must be received by the Office of Financial Aid and Scholarship Services by the deadlines below. Any materials submitted after the term deadline WILL NOT be reviewed.

☐ Summer 2019 (Deadline 8/2/19) ☐ Fall 2019 (Deadline 12/6/19) ☐ Spring 2020 (Deadline 5/8/20)

Name: _______________________________ SB ID # _______________________________

Home Address: _______________________________ (Street) _______________________________ (City) _______________________________ (State) _______________________________ (Zip) _______________________________

Email: _______________________________ Cell Phone: _______________________________

Major: _______________________________ Home Phone: _______________________________

IMPORTANT, BEFORE YOU COMPLETE THIS FORM:

If you have previously been granted a TAP waiver, please contact the Office of Financial Aid and Scholarship Services first to determine if you are eligible to apply for another waiver.

In order to be eligible to receive TAP (NY State Tuition Assistance Program) and other state funded scholarships, students must continue to meet academic progress guidelines. These guidelines require that a student maintain a minimum cumulative grade point average in addition to achieving a certain level of progress towards degree completion.

The Regulations of the Commissioner of Education provide for the use of an appeal process for those students who have been found to be ineligible to receive NY State Grants or Scholarships based on a review of their academic record. The waiver is to be used in cases where extenuating circumstances impeded the student’s ability to meet the guidelines. These circumstances must be documented by the student in addition to being supported with third party documentation.

Students enrolled in the Educational Opportunity Program (EOP) must provide a signed letter of support written by their EOP advisor.

Students must complete and submit this form to appeal the loss of their NY State Grant/Scholarship eligibility. The Office of Financial Aid and Scholarship Services will review this appeal and make a determination. The student will receive an email to their campus email address advising them of the decision.

Please review all steps on the following pages to ensure your appeal is complete. Missing components will cause a delay in processing.
STEP 1 – TO BE COMPLETED BY A TAP CERTIFYING OFFICER (Office of the Registrar). You are required to submit this form, to the Registrar, in person. Emails and faxes WILL NOT be accepted.

Section A: Student was decertified for the _____________ term.

Section B: Place a check mark to indicate each rule the student failed to meet.

Eligible to Appeal:

1. Pursuit of Program (POP) – Receiving a passing or failing grade in a certain percentage (based on payment schedule) of a fulltime course load in each term for which award was received.

   □Was the failure to meet POP requirement the result of the student electing the G/P/NC grading option? □Yes** □No

   **If yes, the student is not eligible to appeal.

2. Satisfactory Academic Progress (SAP)
   a. □Cumulative Credits Earned – The requirement that a student accumulates a specified number of credits prior to the start of each term.
   b. □CUM GPA ( < 24 points)
   c. □C-average ( ≥ 24 points)

NOT Eligible to Appeal:

3. □Not fulltime in coursework required for academic program
4. □No declared major
5. □Residency requirements not met
6. □Accelerated study rules not met (for summer awards)
7. □ATB required

______________________________  ____________________________
Signature TAP Certifying Officer  Date

______________________________
Clearly Print Name of TAP Certifying Officer

Student: If the reason for the loss of NY State Grant/Scholarship is reasons 3 – 7 under the heading “Not Eligible to Appeal”, STOP HERE. You MAY NOT submit this appeal form since the reason for loss of eligibility is not an appealable circumstance.
STEP 2 – Future GPA Calculator

You must submit a completed Future GPA Calculator if the TAP Certifying Officer indicated that you failed to meet the GPA requirement (page 2, section B, letter b or c).

2a. Print your unofficial transcript from SOLAR.

2b. Download the Future GPA calculator from

http://www.stonybrook.edu/commcms/financial/excel/FedSAP_GPAcalc.xls

STEP 3 – Appeal Letter

Create and submit an appeal letter to accompany this appeal form. The letter must:

3a. Establish that the reason for your failure to meet the NY State Grant/Scholarship requirements was the result of extenuating circumstances. Example: Explain why you did not meet the cumulative GPA requirement, or why you did not complete the required percent of attempted credits.

☐ Included

3b. Explain why those circumstances either no longer exist or why they will no longer negatively impact your academic success.

☐ Included

3c. Detail the steps that you will be taking to insure your academic success.

☐ Included

3d. Explain the milestones you need to achieve in the area where you were deficient.

☐ Included

STEP 4 – Supporting Documentation

4a. Third-party documentation: If your external circumstances warrant supporting documentation (for example, there was a medical condition associated with these circumstances, a death in the family, or other scenarios that could be supported by a third party) please include this documentation as part of the appeal (for example a doctor’s note).

☐ Included

☐ Not Applicable

4b. Future GPA Calculator: Must be included if failing the GPA requirement.

☐ Included

☐ Not Applicable

4c. Letter of support from EOP Advisor if enrolled in the EOP program.

☐ Included

☐ Not Applicable

By signing this document I certify that all of the information included in and attached to this document is true and accurate.

__________________________________________  ___________  ______________________
Student Signature                          Date                                      SB ID #
Financial Aid Mailing and Contact Information

For Secure and faster processing, submit this form via the “Upload Process” located on your SOLAR to Do List Item.

Be sure to include the student’s name and Stony Brook ID on all correspondence.

If you elect to not upload, mail or fax all documents to the appropriate financial aid department listed below. This method of submission will cause a delay in processing.

Schools of Nursing, Social Welfare, Health Technology and Management, and the Graduate Programs in Public Health and Nutrition:

Health Sciences Office of Student Services
Health Sciences Tower Level 2, Room 271 Stony Brook, NY 11794-8276
Telephone: 631-444-2111
Fax: 631-444-6035
hscstudentservices@stonybrook.edu

All Other Graduate and Undergraduate Programs
Office of Financial Aid and Scholarship Services
Administration Building Room 180
Stony Brook, NY 11794-0851
Telephone: 631-632-6840
Fax: 631-632-9525
finaid@stonybrook.edu