NEW YORK CITY COLLEGE OF TECHNOLOGY
THE CITY UNIVERSITY OF NEW YORK
300 JAY STREET, BROOKLYN, NY 11201-2983

OFFICE OF THE EXECUTIVE DIRECTOR OF STUDENT AFFAIRS
NAMM BUILDING, ROOM 322
TEL: (718) 260-5430 FAX: (718) 260-5351

NEW YORK CITY COLLEGE OF TECHNOLOGY
Committee on Financial Aid Standing

TAP/APTS Waiver Application Instructions

If you were a first time TAP/APTS recipient in the Fall of 1981 or thereafter, the regulations state that you must:

1. Pursue the program of study in which you are enrolled
2. Make satisfactory academic progress, and
3. Meet the C average (2.0) requirements for TAP payments five through the maximum for which you are eligible.

If you failed to meet the program pursuit requirements, the academic progress standard or the “C” average requirement for New York State TAP/APTS awards, you may request and subsequently be granted a waiver to maintain eligibility for state aid. You can receive two waivers for your undergraduate studies. One is a waiver relating to your failure to achieve the program pursuit or academic progress standard; the other is a waiver relating to your failure to achieve the “C” average requirement.

The request of the waiver must originate with you. The waiver may not be granted automatically, and is intended only to accommodate extraordinary or unusual cases. If you think that you have a strong reason that would make you eligible for this special waiver, please fill out “Section I” on the TAP Waiver Application form. Be sure to attach the necessary documentation to support your claim.

The decision to grant or deny the waiver is determined by the Committee on Financial Aid Standing. You will be notified by mail of the committee’s decision. The decision of the committee is final.

PLEASE COMPLETE APPLICATION ON REVERSE SIDE
New York City College of Technology
TAP/APTS Waiver Application Form

SECTION I: (to be completed by student)
Name: ______________________ SS# ____________________
Address: ____________________ Semester ____________________
Telephone ( ) ____________________ Date ____________________

Why do you feel you should be considered for a TAP Waiver?
If, indeed extraordinary circumstances caused a given situation for you, explain fully such circumstances and attach SUPPORTING DOCUMENTS which prove your claim.

DO NOT WRITE BELOW THIS LINE

Section II: (to be completed by the Committee on Financial Aid Standing)
Waiver Criteria:

Personal

_____ Serious family and financial problems
_____ Death in immediate family
_____ Personal illness involving hospitalization or extended home confinement under a doctor’s supervision.
_____ Illness in the immediate family
_____ Emotionally disabling conditions
_____ Changing work conditions beyond the control of the student
_____ Student is unable to attend classes because of military duty orders, temporary incarceration or other involvement with government agencies.

Academic:

_____ An assessment of the student’s academic record indicates that the granting of the waiver at this time will enable student to regain satisfactory academic standing within one semester.

Supporting Documentation: __________________________________________________________

Type of Waiver:

_____ Program Pursuit
_____ Academic Progress
_____ “C” average requirement

Approved

Denied

Basis for action:

Authorized signature ______________________ Date: ____________________