



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

**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 GPA) 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 standards; the other is a waiver relating to your failure to achieve the “C” average requirement.**

**The request for 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.

**Instructions for completing this form**

- ☐ Fill in the form with applicable information.
- ☐ Be thorough in any narrative you provide and be sure to include other relevant supporting documentation
- ☐ Email completed application and supporting documentation to:  
[TAPinfo@citytech.cuny.edu](mailto:TAPinfo@citytech.cuny.edu)

**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 \_\_\_\_\_ EMPL ID# \_\_\_\_\_

Address \_\_\_\_\_ Semester \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

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 claims. (You may also attach a written statement)

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**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: \_\_\_\_\_

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Type of Waiver:

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Program Pursuit         | <input type="checkbox"/> Approved |
| <input type="checkbox"/> Academic Progress       | <input type="checkbox"/> Denied   |
| <input type="checkbox"/> "C" average requirement |                                   |

Basis for action: \_\_\_\_\_

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Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_