



APPEAL FOR ONE TIME TAP WAIVER

In accordance with the New York State Education Department (NYSED) Regulations students may request a one-time waiver for not making progress as defined by NYSED and as outlined in the attached document. In order to request the one-time waiver the College of Mount Saint Vincent has defined specific procedures and forms that must be completed within certain time frames to consider these requests. Please follow the directions listed below and submit the forms to the appropriate office within all listed timeframes. You will be notified by the committees' decision via your Mount email.

- ✓ Complete all the information requested below including your signature
- ✓ Attach all supporting documentation. Expect to not receive the copies back
- ✓ Incomplete Appeals will not be reviewed.
- ✓ By submitting an appeal you authorize the release of pertinent information as part of the investigation of the facts concerning your failure to meet the academic progress standards for TAP
- ✓ If approved for a waiver, acknowledge that this is one time only and for one term only as per state law.
- ✓ Submit to the office of the Registrar and keep a copy for your records.

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| Student Name: | ID # | |
| Term for which aid reinstatement if requested circle one: | Fall | Spring |

An appeal for a One-Time TAP Waiver must include all of the following:

- A signed, typed statement explaining:
 - The extenuating circumstance(s) that affected your academic performance and prevented you from maintaining SAP and TAP standards. If the reasons have developed over the course of several terms, include all circumstances that have contributed to your current loss of eligibility.
 - Examples are:
 - Death in family
 - Illness or injury (physical or emotional) to you that documentation can be provided.
 - Illness or injury to a family member where the documentation can be provided.

- How circumstances have changed and will ensure success in future terms. Include any change you have made such as reducing part-time work hours, reduction in extra-curricular activities, changes in study habits accessing support services such as tutoring, etc.
- Supporting documentation including a written statement from a physician to substantiate an illness or accident, copy of death certificate, and/or other applicable support. The more support that clearly explains the circumstance will reduce the committee's response time.

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| Student Signature: | Date: |
|--------------------|-------|

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| FOR OFFICE USE ONLY |
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| <p style="text-align: center;">To be completed by Appeal Committee:</p> <ul style="list-style-type: none"> ● Recommendation for One-time Waiver ● Appeal for Tap Waiver denied ● Comments: _____ _____ _____ ● Committee Signatures & Title: _____ _____ _____ _____ _____ |
| Date: |

Copies Distributed

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|-------------------------------|--|
| Registrar – Receives Original | |
| Financial Aid | |