



NY State Satisfactory Academic Progress (SAP) Appeal Request for ONE-TIME Waiver

Student: _____ NCC I.D.(N #): _____

Semester for which waiver is sought _____

Appeal requests are for unforeseen, extenuating circumstances beyond the student's control and not chronic circumstances that cannot be remedied such as an ongoing medical issue. **Submitting an appeal does not guarantee it will be approved.** The New York State Education regulations permit students to receive a ONE-TIME waiver if the institution certifies that such a waiver is in the best interest of the student and there is reasonable expectation that the student will meet the standards by the end of the semester for which the waiver is sought.

Academic Standing:

Based on the number of TAP payments received, the student must have (1) completed a designated number of credits in the prior semester they received TAP, (2) earned a specific number of overall credits and (3) achieved a minimum GPA. *(see chart below)*

NYS TAP standards for all students first receiving TAP in 2010 and beyond:

TAP Payments received	Completed credits in prior semester	Overall credits earned	Minimum GPA
1 st payment	0	0	0
2 nd payment	6	6	1.3
3 rd payment	6	15	1.5
4 th payment	9	27	1.8
5 th payment	9	39	2
6 th payment	12	51	2

NYS TAP standards for students first receiving TAP and taking at least six (6) remedial credits or first receiving TAP between 2007 & 2009:

TAP Payments received	Completed credits in prior semester	Overall credits earned	Minimum GPA
1 st payment	0	0	0
2 nd payment	6	3	.5
3 rd payment	6	9	.75
4 th payment	9	18	1.3
5 th payment	9	30	2
6 th payment	12	45	2

Appeal Instructions:

In addition to completing this appeal form, the student must submit a signed, legible letter explaining the extenuating circumstance leading to the failure to maintain satisfactory academic progress and the corrective action taken to resolve the circumstance from continuing or happening again. Documentation to support your reasons must also be submitted. This can include, but is not limited to, medical documentation, a letter (on letterhead) from a doctor, lawyer, clergy or educational advisor.

To be completed by the student:

I understand that, if approved, this is the ONLY semester for which I may exercise this waiver as an undergraduate student. I also recognize that at the end of the above named semester, I must meet the requirements necessary for academic progress and pursuit of program before I am eligible to receive additional payments of NY State student aid.

Students Signature

Date

TO BE COMPLETED BY FINANCIAL AID COUNSELOR

{ } This appeal has been approved

{ } This appeal has been denied

Counselor's Comments _____

Signature of Financial Aid Counselor

Date FA_SAPTAP_062414