



Financial Aid

MONROE COMMUNITY COLLEGE

2017-18 NYS TAP/APTS WAIVER APPLICATION

Student Name: _____ MCC Student ID #: M00 _____

In order to apply for a Waiver for Satisfactory Academic Progress for New York State (TAP/APTS) Financial Aid, the student must demonstrate that: (1) an unusual/extraordinary circumstance existed while they were enrolled at MCC and had affected their academic performance; (2) the student can provide documentation of the circumstances; and (3) the circumstance is now resolved or no longer exists. A student may be granted only one waiver as an undergraduate student.

Please indicate the term for which you are seeking state financial aid and applying for a TAP Waiver of Satisfactory Academic Progress (check only one):

Fall 2017: _____

Spring 2018: _____

1. What were the circumstance(s) that affected your academic performance during the past semester?
(Please be specific).

2. When did the circumstance(s) occur? (Day/Month/Semester, please be specific and please note that the circumstances you are citing must have occurred during the semester(s) in which you failed to meet SAP requirements).

3. How and Why did the circumstance(s) affect your academic performance? (You may attach a separate sheet of paper, if necessary)

4. Please indicate what documentation you are attaching to this waiver to verify the circumstances that affected your academic performance. Documentation must be from another source other than you. Documentation is REQUIRED for all waivers. Waivers WITHOUT documentation will NOT be accepted.

5. Please state how the circumstance(s) has been resolved/no longer exists.

(OVER)

By my signature below I attest to the following:

1. I have been notified by the MCC Financial Aid Office that I am ineligible for New York State Financial Aid (TAP/APTS) at Monroe Community College due to failure to meet satisfactory academic progress standards.
2. I fully understand the reason(s) why I did not meet New York State's standards for satisfactory academic progress for the purpose of maintaining eligibility for New York State financial aid.
3. I fully understand what I must do to maintain satisfactory academic progress for New York State financial aid programs from this point on.
4. I have read and understand the College policies and procedures regarding waivers of academic progress.
5. All information will be maintained in my records and may be reviewed by institutional, federal, and/or state program review and audit personnel.
6. I fully understand that I am eligible to receive a waiver for satisfactory academic progress for New York State financial aid programs only one time as an undergraduate student.
7. I understand that I may need to file a separate appeal of satisfactory academic progress for Federal financial aid programs (Pell Grant, SEOG, FWS & Federal Direct Loan Program) if I was placed on Academic Restriction and that the approval for a waiver of satisfactory academic progress for New York State financial aid programs does not guarantee the reinstatement of Federal financial aid eligibility.
8. I accept the decision of the designated College official as final in granting of the waiver and that waivers will be granted only for extraordinary circumstances which I can document.

STUDENT SIGNATURE: _____ **DATE:** _____

Completed waiver applications should be submitted to the Financial Aid Office.

Financial Aid Office
Monroe Community College
1000 East Henrietta Road
Rochester, N.Y. 14623
FAX: 585-292-3840
Or e-mail as attachment to financialaid@monroecc.edu