

New York State Tuition Assistance Program (TAP) C-AVERAGE WAIVER REQUEST FORM

Name: Campus: Term:				ID #:	ID #:	
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	Due to a medical condition, I was unable to successfully maintain the required grade point average. I have attached supporting documentation from my physician.					
	Due to a medical condition experienced by a close family member that I was directly involved with, I was unable to successfully maintain the required grade point average. I have attached supporting documentation from my family member's physician.					
	Due to a personal family situation that I was directly involved with, I was unable to successfully maintain the required grade point average. I have attached supporting documentation and/or legal documents.					
	Other – Please attach supporting documentation to justify your claim.					
	Student	Name		Student Signature	 Date	
				FOR OFFICE USE ONLY		
	Approved		Denied	Term	Year	
Employee Name				Employee Signature	Date	
	Waiver processed by TAP Certifying Officer					