

LONG ISLAND UNIVERSITY

**New York State Tuition Assistance Program (TAP)
GOOD ACADEMIC STANDING WAIVER REQUEST FORM**

Name: _____ ID #: _____

Campus: _____ GPA: _____

Term: _____ Credits Earned: _____

Please indicate the reason(s) below which describes why you were unable to either earn the required 12 credits during the term noted above or maintain a cumulative 2.0 grade point average. Supporting documentation must be submitted with this waiver request form that corresponds to the term during which the student was unable to complete their full-time academic coursework or achieve the required grade point average. **TAP good academic standing requirements may only be waived once during your undergraduate studies.**

- Due to a medical condition, I was unable to successfully complete my academic coursework or 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 complete my academic coursework or 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 complete my academic coursework or 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
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FOR OFFICE USE ONLY

Approved Denied Term _____ Year _____

Employee Name	Employee Signature	Date
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Waiver processed by TAP Certifying Officer