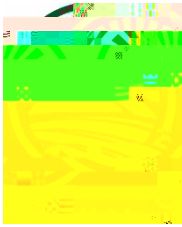


# Office of Financial Aid

112 College Road  
Loch Sheldrake, NY



## Office of Financial Aid

112 College Road  
Loch Sheldrake, NY 12759  
Email: [finaid@sunysullivan.edu](mailto:finaid@sunysullivan.edu)  
Fax: (845)434-0014

### REQUEST FOR A WAIVER OF THE REQUIREMENTS FOR PURSUING AND MAINTAINING SATISFACTORY ACADEMIC PROGRESS FOR CONTINUED TAP CERTIFICATION.

Name (Last, First, MI): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Student ID: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Briefly describe your extenuating circumstances (Supporting documentation **must** be attached):

I understand that this request for waiver, if approved, will only be granted **once**.

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Certifying Officer's Statement:

Signature of Certifying Officer \_\_\_\_\_ Date: \_\_\_\_\_