

NYS Satisfactory Academic Progress (SAP)  
Appeal Request for a ONE-TIME Waiver

Student Name \_\_\_\_\_

NCCC Student ID \_\_\_\_\_

Semester 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.

The chart below shows requirements for satisfactory academic progress which has been approved for State colleges offering associate degrees.

**SATISFACTORY ACADEMIC PROGRESS (SAP) FOR TAP PRIOR TO 2009-10**

Applies to students who are first receiving aid in the 2007-2008 through and including 2009-2010 and remedial students first receiving aid in 2007-2008 and thereafter.

Prior to Payment Semester	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
Minimum # Credits Earned	0	3	9	18	30	45
Minimum GPA	0	0.5	0.75	1.3	2.0	2.0

**SATISFACTORY ACADEMIC PROGRESS (SAP) FOR TAP**

Applies to non-remedial students first receiving aid in the 2010-2011 and thereafter.

Prior to Payment Semester	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
Minimum # Credits Earned	0	6	15	27	39	51
Minimum GPA	0	1.3	1.5	1.8	2.0	2.0

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.

Student Ink Signature \_\_\_\_\_

Date \_\_\_\_\_

TO BE COMPLETED BY THE FINANCIAL AID DEPARTMENT

\_\_\_\_\_ This appeal has been approved

\_\_\_\_\_ This appeal has been denied

Signature and Title of Financial Aid Staff \_\_\_\_\_

Date \_\_\_\_\_