Waiver for Reinstatement of State Financial Aid Eligibility (TAP)
Check with the Financial Aid Office for the deadline to submit.

On the reverse side is the petition to request a *Waiver for Reinstatement of State Financial Aid Eligibility* regarding your TAP ineligibility status. Please note:

1. In order to be considered for a *Waiver for Reinstatement of State Financial Aid Eligibility*, you must submit a completed and signed petition and *documentation* supporting your extenuating circumstance(s).

2. After completing the petition, return it and all documentation to the Director of Financial Aid (D219).

3. Petitions are reviewed and approved by the Committee on Academic Standing.

4. Detailed regulations pertaining to Satisfactory Academic Progress requirements (TAP eligibility) are found in the College Catalog and online at [http://www.flcc.edu/academics/academic_standards.html](http://www.flcc.edu/academics/academic_standards.html).

5. If you are TAP ineligible and your *Waiver for Reinstatement of State Financial Aid Eligibility* is denied, you will not be permitted to credit State financial aid towards your tuition bill.

6. You will be notified in writing regarding the outcome of your *Waiver for Reinstatement of State Financial Aid Eligibility*.

If you have any questions regarding the petition, please contact the Center for Advisement and Personal Development at 585-394-3500, ext. 7267 or the Financial Aid Office ext. 7275.

Incomplete petitions will not be reviewed.
Please use correct spelling, punctuation, and grammar in writing your appeal.
Please be sure to include all documentation to support your waiver.

Please submit completed petition and supporting documentation to:

FLCC, Director of Financial Aid, 3325 Marvin Sands Drive, Canandaigua, NY 14424-8395
Waiver for Reinstatement of State Financial Aid Eligibility (TAP)

Name____________________________________________________________________________________

Address (the outcome of your petition will be mailed to this address)______________________________________________________

City, State, Zip Code________________________________________________________________________

Academic Major____________________________  E-mail address___________________________________

Telephone No._____________________________  Student ID No. or SSN_____________________________

The College must certify and document that approval of a Waiver for Reinstatement of State Financial Aid Eligibility (TAP) is in the best interest of the student. The student must complete this form and submit supporting documents to the Director of Financial Aid. It is important to use correct spelling, punctuation, and grammar in writing your appeal. Please explain to the Committee on Academic Standing the following:

1. What extenuating circumstance(s) contributed to your current academic status?___________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

2. What changes have you made or will you make to assure your success in the future?_______________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
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   ____________________________________________________________________________________________

Acknowledgement of Condition: If a Waiver of Reinstatement of State Financial Aid Eligibility is granted regarding my TAP status, I understand it is a one-time waiver and cannot be granted again during my entire undergraduate enrollment.

Student signature       Date

Office Use Only:  ________________________________________________________________

☐ granted     ☐ denied                              Director of Financial Aid/date