



**EXCELSIOR
COLLEGE®**

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NEW YORK STATE TUITION ASSISTANCE (TAP) STUDY PLAN*

**PLEASE LIST BELOW THE COURSES AND /OR EXAMINATIONS YOU WILL BE TAKING FROM AN APPROVED
NEW YORK STATE INSTITUTION:**

SUMMER II/FALL I/FALL II (JULY 1 – DECEMBER 31)

NAME OF INSTITUTION:

HOW MANY CREDITS: _____

COURSES/EXAM TITLE(S):

SPRING I/SPRING II/SUMMER I (JANUARY 1 – JUNE 30)

NAME OF INSTITUTION:

HOW MANY CREDITS: _____

COURSES/EXAM TITLE(S):

***PLEASE BE SURE EXCELSIOR COLLEGE HAS YOUR HIGH SCHOOL DIPLOMA ON FILE, THIS IS MANDATORY
FOR CERTIFICATION FOR TAP.**

****PLEASE NOTE THE FOLLOWING TESTS MAY APPLY TOWARDS YOUR DEGREE REQUIREMENTS BUT ARE NOT
APPLICABLE TOWARDS YOUR FULL TIME ENROLLMENT FOR A TAP AWARD.**

**COLLEGE LEVEL EXAMINATION PROGRAM (CLEP)
DANTES ACTIVITY FOR NON-TRADITIONAL EDUCATION SUPPORT
TORAH ACCREDITATION LIAISON**

**I HAVE CERTIFIED THAT I HAVE MAINTAINED AN OVERALL 2.00 GRADE POINT AVERAGE IN MY STUDIES WITH
EXCELSIOR COLLEGE. I FURTHER CERTIFY THAT I AM NOT IN DEFAULT OF A FEDERAL STUDENT LOAN.**

SIGNATURE _____ **ID NUMBER** _____ **DATE** _____

_____ **(PRINT YOUR NAME)**