

SUFFOLK COUNTY COMMUNITY COLLEGE

Student Appeal of Cancellation of Financial Aid

Last Name, First Name:	Student ID#:
Address:	Telephone:
	Date:
City, State and Zip:	Campus: E: ___ A: ___ G: ___
Have you ever previously lost financial aid and then had it restored? If yes, when restored? Date: _____	Yes: ___ No: ___
Students are advised that in order for financial aid to be restored: (1) EXTENUATING CIRCUMSTANCE MUST HAVE EXISTED and affected your academic performance; and (2) the circumstance MUST BE RESOLVED/NO LONGER EXISTS.	
1. WHAT: The EXTENUATING circumstance that affected my academic performance was (be specific):	
2. WHEN: The circumstance occurred on (supply specific date):	
3. HOW AND WHY: The circumstance affected my academic performance in the following way:	
4. DOCUMENTATION: I have attached the following documents to verify circumstance. (You SHOULD attach documents such as relevant death certificate, disability verification, medical doctor statements, and any professional third party correspondence.) If no documentation is available, explain why:	
5. RESOLUTION: The circumstance has been RESOLVED/NO LONGER EXISTS because (be specific):	
6. DOCUMENTATION: I have attached the following additional documents to verify number 5 and that the situation NO LONGER EXISTS. If no documentation is available, explain why:	
I attest to the accuracy of the information submitted above and attached documentation submitted. I understand that I may be eligible for only one appeal each for federal and state aid. I also agree that I will accept any academic restrictions indicated by the committee as a condition of the restoration of aid.	
Signature:	Date: